SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

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SPECIAL NOTICE TO MEMBERS.

Every member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he belongs. BY ORDER.

MATTERS REFERRED TO DIVISIONS.

British Medical Association.

ANNUAL REPRESENTATIVE MEETING AT EXETER,

July 27th and 29th, 1907, and following days, if necessary.

Motions by the Waterford Division (South-Eastern of Ireland Branch), Consideration of which was postponed by the Annual Representative Meeting, 1906, until the Annual Representative Meeting, 1907.

1.—Separate Representation of Small Branches.

That provision should be made for the separate representation of small Branches, such as the South-Eastern of Ireland Branch, which represents interests different from and antagonistic to those of the predominant and associated Branch.

2.—Medical Teaching.

That it is contrary to the interests of the profession that the mass of the profession, and even the majority of members of hospital staffs, should be excluded, as at present, from all share of medical teaching.

3.—Medical Examinations.

That all medical examinations ought to be duly advertised, and open to the presence of every registered medical practitioner.

4.—Appointment of a Materia Medica Committee of the Association.

That the Council be requested to appoint a Materia Medica Committee, whose duty it will be, with such professional aid as they can summon to their assistance, to investigate and pronounce on the uses and properties of all drugs which shall be used by the profession, and that in view of the grave injury inflicted on the public and on the profession alike by the present wholesale introduction of drugs by mere commercial firms, whereby the ground is being cut from under our feet, and the gullible public are induced to accept nostrums on the sole strength of mere assertions, that the hospitality of our museum and the pages of our Journal shall be both shut out from giving any further aid to the wholesale advertisements of drugs and preparations, the sole virtues of which have too often no existence save in the mendacity of their introducers.

5.—Hospital Administration.

That the Council be instructed to take steps to give practical effect to the Oxford resolutions on the subject of the gratuitous or semi-gratuitous hospital treatment of the well-to-do.

6.—British Medical Journal.

That the British Medical Journal should more largely advocate the rights, interests and claims of the medical masses in the future than it has done in the past

By direction of the Chairman of Representative Meetings,
J. Smith Whitaker, *Medical Secretary.*
June 26th, 1907.

Meetings of Branches & Divisions.

[The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the JOURNAL.]

BATH AND BRISTOL BRANCH:

TROWBRIDGE DIVISION.

THE annual meeting of the members of this Division was held on Saturday, May 25th, at 3 p.m., at the Town Hall, Trowbridge, Dr. J. IRELAND BOWES, Chairman, in the chair.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

Election of Officers.—The following members were elected officers for the ensuing year: *Chairman*, Dr. W. I. Keir (Melksham); *Honorary Secretary and Treasurer*, Dr. J. Tubb-Thomas; *Representatives on Branch Council*, Dr. Pearse (Trowbridge), Dr. H. P. Tayler (Bradford-on-Avon), Dr. J. M. Rattray (Frome); *Executive Committee*, Dr. H. .P Tayler, Dr. T. W. Lockett, Dr. G. S. A. Waylen.

Draft Charter.—This was discussed, and it was unanimously agreed that the Representative at the Representative Meeting be instructed to support the resolution of the Dublin Division (Leinster Branch). All present were in favour of the resolution.

Hospital Administration.—Question 1, No; Question 2, No; Question 3, Yes; Question 4, Yes. Carried—for, 12; against, 0.

Medical Inspection of School Children.—It was proposed:

> That the question of medical inspection of school children be postponed until some knowledge be obtained as to what will be required by the Legislature.

Carried unanimously.

Contract Practice.—Dr. JAMES PEARSE read a paper upon contract practice, and a general discussion followed. The thanks of the meeting were tendered to Dr. Pearse for his paper, and it was proposed that a Committee consisting of Drs. Pearse, Rattray, Adye, Herbert Tayler, and Shorland be appointed to prepare a report on contract practice, and to suggest a means of mending or ending the present unsatisfactory state of affairs with regard to contract practice, and that Dr. Pearse act as convener of the Committee.

BIRMINGHAM BRANCH:

COVENTRY DIVISION.

THE annual meeting of this Division was held on Tuesday, June 18th, at the Coventry and Warwickshire Hospital, Mr. FAULDER WHITE being in the chair.

Election of Officers and Committee.—The following officers were elected: *Chairman*, Dr. Pickup; *Vice-Chairman*, Dr. Harman Brown; *Secretary and Treasurer*, Dr. J. Orton; *Representative on Branch Council*, Dr. Milner Moore; *Representative on the Committee of Management of the Public Medical Service*, Dr. Hird; *Representative on the Committee of Management of the New Dispensary Service*, Mr. Faulder White; *Executive Committee*, Mr. F. White and Drs. Snell, Hawley, Hird, Rice, and Callaghan.

Report of Executive Committee.—The following annual report of the Executive Committee was received and unanimously approved: The Committee have to report that in January last they presented a report of the proceedings of the Division during 1906 to the Branch Council, which included the following financial statement:

Dr.	£ s. d.	Cr.	£ s. d.
Grant (special) received from Branch Council ...	3 0 6	Deficit December 31st, 1905	5 0 6
Ordinary Grant at 1s. per head	2 1 0	Secretarial Expenses—	
Deficit December 31st, 1906	1 11 11	Printing	0 9 0
		Stationery	1 4 6
		Postage	1 11 11
		Clerical aid	0 7 6
	£6 13 5		£6 13 5

A special grant has since been received from the Branch Council of £1 11s. 11d., covering the deficit for last year. In addition to the five ordinary meetings of the Division, one special meeting was called by the Committee; the average attendance at these has been 27.7 the largest average attendance yet recorded; also the Division has met four times in Committee. The Committee has held nineteen meetings; one of these was a joint meeting with the members of the P.M.S., and five with some of the members of the staff of the Dispensary. The attendance at these meetings of members of the Committee has been as follows:

Elected Members: Davidson, 14; Brown, 12; J. Orton, 15; Hawley, 15; Callaghan, 13; Fenton, 18.

Ex-officio Members: White, 17; Pickup, 19; Moore, 15; Snell, 19.

(Dr. Brown was elected during the year, and was summoned to 15 meetings.)

The most important matter before the Division during the year has been the Dispensary question, and it has been this which has necessitated a larger number of Committee meetings than is usual; the circumstances in relation to this matter are so well known to the members of the Division that the Committee does not think that they need be here recorded. It may be hoped that the recent resignation of five of the members of the staff may herald either the reform or the extinction of that institution, since in its present constitution it cannot be described otherwise than as a gigantic organized robbery of the medical profession. That its continuance should have been countenanced so long must be taken as evidence of the admittedly unbusiness-like methods of a profession which allows itself to be exploited by unscrupulous so-called "philanthropists." During the year several papers on medical subjects have been read and specimens shown. A very successful annual dinner was held. The voluntary book section has been continued; the Committee regret to report that this has a diminished membership, but they think that a more permanent library, rather than a floating set of books, is more worthy of the ambition of the Division.

Hospital Administration.—On the questions put by the Hospitals Committee the following answers were adopted: (1) Should there continue to be compulsory payment by patients to hospitals other than cottage hospitals?—No. (2) Should the production of subscribers' letters continue to be compulsory?—No. (3) Should inquiry into a patient's circumstances invariably take place?—Yes. (4) Should a certificate be required from the medical attendants of all persons attending out-patients departments? In reply to this last question Dr. MOORE proposed, and it was seconded, that no reply be given. Mr. FAULDER WHITE proposed as an amendment, and Dr. DAVIDSON seconded, that the reply be "No." The amendment was carried, and was then put and carried as the substantive resolution.

Medical Inspection of School Children.—Dr. RICE proposed, and Dr. HAWLEY seconded, that the recommendation of the Committee on this matter be adopted; this was:

> That the Division reply that, as far as possible, the medical inspection of school children should be carried out by medical men not in practice.

Ethical Aspects of Consultation.—It was resolved that the recommendations of the Central Ethical Committee be approved.

Coventry Dispensary.—The CHAIRMAN proposed, and Dr. MOORE seconded, that the Division affirm the fact, and it is herewith affirmed, that the resolution of the Division passed on April 3rd, 1906, relating to the Coventry Dispensary, should be brought into effective operation on and after June 25th next.

Votes of Thanks.—The CHAIRMAN proposed, and Dr. MOORE seconded, a hearty vote of thanks to the Committee of the Coventry and Warwickshire Hospital for the continued use of their Board Room for the meetings of the Division. A vote of thanks was accorded to the retiring chairman.

WEST BROMWICH DIVISION.

THE annual meeting of this Division was held in the Board Room of the District Hospital on June 14th, at 4 p.m.

Election of Officers.—The following officers were elected for the year: *Chairman*, J. F. Atkins, M.B.; *Vice-Chairman*, T. Sansome; *Honorary Secretary*, H. B. W. Plummer, M.D.; *Representatives on Branch Council*, H. Manley, M.D. and H. B. W. Plummer, M.D.; *Joint Representative in Representative Meeting*, Mr. Messiter; *Executive Committee*, G. B. Buttery, W. Garman, M.D., T. Sansome, Jun., W. H. Stephens, M.D., W. D. Urquhart, M.D., S. T. D. Weston.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the Cambridge and Huntingdon Branch was held in the Medical Schools, Cambridge, on Thursday, June 13th, the PRESIDENT, Mr. Deighton, in the chair.

Confirmation of Minutes.—The minutes of the previous annual meeting were read and confirmed.

Balance Sheet.—The balance sheet to December 31st, 1906, was read and adopted.

Election of Officers.—The following officers were elected: *President-elect*, Dr. Newton (Alconbury Hill); *Representative*, Dr. Roderick; *Honorary Secretary and Treasurer*, Mr. F. E. Apthorpe Webb; *Branch Council*, Dr. Griffiths, Dr. Giles, Dr. Fordyce; *Member of Council*, Mr. Apthorpe Webb was declared elected.

Luncheon.—After the meeting over seventy members and friends lunched at St. Peter's College by invitation of the President. After lunch the CHAIRMAN proposed the toast of "The King." The PRESIDENT then proposed the health of the outgoing President, Dr. Kirkwood. The latter replied, and proposed the health of the President, thanking him for his hospitality. Mr. DEIGHTON suitably responded, and proposed the health of the Master and Fellows of St. Peter's College. This was acknowledged in an interesting speech by Mr. DICKSON.

Papers.—After lunch the following papers were read: (1) The surgical treatment of chronic middle-ear suppuration and some of its complications, with lantern slide illustrations, Mr. DEIGHTON; (2) (*a*) Congenital hypertrophic stenosis of the pylorus; (*b*) Congenital dextrocardia, with complete transposition of viscera (patients shown), Dr. LLOYD JONES; (3) Microscopic demonstration, Professor WOODHEAD.

Tea.—The members then partook of tea, and a very successful and interesting meeting was brought to a close.

CAPE OF GOOD HOPE (EASTERN PROVINCE) BRANCH:

GRAHAMSTOWN DIVISION.

A REGULAR meeting of the Grahamstown Division was held at the Grahamstown Asylum at 8 p.m. on Friday, May 17th, Dr. R. C. MULLINS in the chair.

Confirmation of Minutes.—The minutes of the meetings of March 15th and April 19th were read and confirmed.

Reciprocity.—It was resolved that the answers of the recently-elected members of the Colonial Medical Council on the subject of "reciprocity" be offered to the *South African Medical Record* for publication, in accordance with the letter of Dr. L. A. W. Beck, subject to the consent of the writers.

Communications.—Dr. T. D. GREENLEES read notes of clinical cases of insanity, with a commentary and demonstration. The states of mind dealt with were: Acute mania, adolescent and chronic mania, alcoholic and delusional insanity, acute and chronic melancholia, dementia praecox, stuporose melancholia, epileptic insanity and imbecility, general paralysis of the insane, and, lastly, dementia. In the resulting discussion Drs. FITZGERALD, BRUCE-BAYS, DRURY, PURVIS, and MULLINS joined, and a vote of thanks to Dr. Greenlees was passed. Dr. Bruce-Bays's notice of motion was deferred to the next meeting.

EAST LONDON DIVISION.

AN ordinary meeting was held on May 10th, in the Senior Club (where the meetings in future will be held), Dr. TANNOCK, Chairman, presiding.

Confirmation of Minutes.—The minutes of March 8th and April 24th were read and approved.

Advice to Lay Authorities as to Duties of Medical Officers.—Dr. ROULSTON moved:

> That while no objection can be raised to legitimate individual or collective criticism legitimately and publicly exercised, we the East London Division agree with the Transvaal Medical Society that it is undesirable that medical men, either individually or collectively, should tender or accord advice to any lay government or municipal or other official or body in reference to the duties and responsibilities of any medical officer in the service of such official or body, unless with the knowledge of and after consultation with such medical officer, or unless such medical officer is the official subordinate of the medical officer whose duty it may be to tender or accord such advice.

Dr. GREY seconded the motion, which had been sent down by the Transvaal Medical Society. This motion was carried unanimously.

South African Medical Congress.—A letter was read from the Western Province Branch in reference to their Representatives at home, and also one from Dr. Thornton, honorary secretary of the South African Medical Congress about papers for the Congress.

Communications.—Dr. R. C. WORSLEY brought in a patient from whom he had excised half the tongue for cancer. The patient was a man aged 48. When first seen he had noticed a sore on the tongue for two or three months, but had not paid much attention to it. An ulcer was situated at the junction of the middle and posterior thirds of the right side of the tongue, with deep craggy edges of irregular outline; the floor was bathed in purulent discharge. The anterior pillar of fauces on the same side, the alveolar margin of the gums of the lower jaw, and the floor of mouth appeared infiltrated by the growth, which had the appearance of epithelioma. No enlarged glands were felt. Pain was not very severe. Three days later half the tongue was removed by Whitehead's method, as well as part of the soft palate and gum, and the portion of the floor of the mouth involved. A preliminary tracheotomy and sponge in the pharynx greatly facilitated the operation. (The tube was left out after the operation.) Three weeks later the patient was feeling pretty well, and swallowing soft food with ease. The anterior triangle was then cleared out, and some hard lymphatic glands along the inferior ramus removed, together with the submaxillary of same side. The wound was soundly healed and stitches removed on the sixth day. The patient was now putting on flesh, spoke and swallowed well, but there were some unhealthy-looking granulations in the palatal scar, and recurrence in that situation is to be feared. The specimen was laid out for inspection. According to the rule laid down that members read papers in rotation, Dr. HAGEMANN and Dr. HILL AITKEN were then called upon. The first related how he had had a case of cysto-sarcoma of the mesentery under his care, and the latter urged on the profession the advisability of recommending mothers to demand fresh cow's milk for their children, so as to help on the country in its present depressed state. Dr. Worsley's case and the two papers gave occasion for discussion, and it was unanimously agreed that a pleasant and profitable evening had been spent.

EAST ANGLIAN BRANCH:

NORTH-EAST ESSEX DIVISION.

A MEETING of this Division was held at the Red Lion Hotel, Colchester, on Tuesday, May 28th, at 7 p.m., Dr. NICHOLSON in the chair.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

Letters.—Arising out of the minutes, letters were read from Dr. Ryan, Dr. Wright, Dr. Rowland, the Secretary of the Halstead Neighbourhood Friendly Societies, and the Colchester Education Committee.

Midwifery Emergency Orders.—The question of recovery of fees in midwifery emergency orders was considered, and the Honorary Secretary was requested to draft letters to the Town Council and County Council, and to submit them to the next meeting.

Contract Practice.—The Honorary Secretary was instructed to forward a copy of the resolution passed at the last meeting concerning fees for contract practice to one of the members of the Division. It was unanimously decided to call a meeting early in June to consider the question of contract practice.

M.O.H. and Education Authorities.—The Honorary Secretary was requested to write to the Medical Officer of Health and ask him to attend the next meeting and state his position with regard to the education authorities, in order that the Division may know how to proceed in the matter.

Annual Representative Meeting.—The HONORARY SECRETARY reported that Dr. Atthill was obliged to resign the post of Representative at the annual meeting. The Honorary Secretary was instructed to endeavour to obtain some one else to undertake the post.

A MEETING of the Division was held on Friday, June 14th, at 8.30 p.m., twelve members being present. The meeting was preceded by a dinner at which eight members were present.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Medical Practitioners and Midwives.—The HONORARY SECRETARY presented for approval a draft letter requesting the Town and County Councils to arrange for the payment of medical men summoned under the Midwives Act. The letter was approved, and the Honorary Secretary was instructed to forward copies to the necessary quarters.

Election of Officers.—The following officers were unanimously elected: *Chairman*, E. Chichester, M.B.; *Vice-Chairman*, Sydney Curl, M.D., M.R.C.P.; *Honorary Secretary*, Leigh Day, M.D.; *Representative*, Sydney Curl, M.D.; *Representatives on Branch Council*, C. E. Addison, Sydney Curl, M.D.; *Executive Committee*, Sydney Curl, M.D., C. E. Addison *(ex-officio)*, E. Chichester, M.B., Leigh Day, M.D., H. J. Flanegan, B. H. Nicholson, M.B., F. Syrett, M.D., Penry Rowland, M.D., W. F. A. Clowes, E. P. Dickin, M.D., B. Hall, M.B.

Contract Practice.—Much discussion took place on this subject. A letter was read from the Medical Secretary suggesting that the Division should deal with the matter in sections, so that each section could deal with its own troubles. It was unanimously agreed that the Colchester section should cover an area of three and a half miles radius from the town hall. It was agreed that the Honorary Secretary should send a list of questions to all medical men in this section, and ask them to reply to the questions within a week. It was decided that the questions should be:

1. Do you agree that the minimum fee for all club patients, irrespective of age and sex, should be 5s. per member per annum?
2. Are you in favour of a wage limit? If so, what should it be?
3. Do you agree that the following rules should apply to all clubs?
   (a) The medical man shall give such medical and surgical attendance as he considers fit.
   (b) All messages, except in case of urgency, shall be left before 10 a.m.
4. Do you consider it desirable that medical men should be entitled to be present at, and to vote at, the meetings of those clubs with which they are connected?

It was agreed that the Honorary Secretary should inform medical men outside the Colchester area of the steps that were being taken in Colchester, and should report to them the opinion of the Division that they should form themselves into sections, and deal locally with the question. Suggestions were made as to what sections there should be. Other points concerning contract practice were raised, but it was considered advisable to commence action in as simple a manner as possible.

Club Patients and the Compensation Act.—The recovery of fees from club patients insured under the new Compensation Act. It was unanimously agreed than an effort should be made to induce the Committee of the hospital to allow no certificates to be given to an out-patient who met with an accident in the course of his employment. It was pointed out that there was no possibility of a certificate issued to a club patient for club purposes being used by the employer for insurance purposes, as all club certificates are filed by the secretary of the club. It was unanimously agreed that two forms of certificate should be in use, one for a club certificate and one for the employer's certificate, such forms to be approved later. It was unanimously agreed that the fee for any written statement issued for an employer should be at least half a guinea.

School Certificates.—The action of the Colchester Education Committee. It was made clear by the medical officer of health that the Council had agreed to pay for school certificates, and that they had, after much effort on his part, removed from his duties as medical adviser to the Education Committee any duties likely to bring him into conflict with general practitioners. For the duties remaining to him the Council had offered him a very inadequate fee, but he did not wish the Division to take up the matter, as it seemed to be more a question for the Local Government Board. The Division, however, placed on the minutes a record of its extreme disapproval at the inadequate salary offered to the medical officer of health for acting as medical adviser to the Education Committee.

EDINBURGH BRANCH:
SOUTH-EASTERN COUNTIES DIVISION.

THE annual meeting was held in the house of Dr. YOUNG (Earlston), Chairman of the Division, on the afternoon of Saturday, June 22nd, at 4 p.m.

Confirmation of Minutes.—The minutes of the two previous meetings were read, approved, and signed by the Chairman.

Election of Officers.—The office-bearers for the ensuing year were elected as follows: *Chairman*, Dr. Bannerman; *Vice-Chairman*, Dr. Rutherford; *Honorary Secretary and Treasurer*, Dr. Calvert; *Representative at Representative Meetings*, Dr. Blair; *Representative in Branch Council*, Dr. Carlyle Johnstone; *Executive Committee*, Dr. Cullen, Dr. Fleming, Dr. Jeffrey, Dr. Henderson, Dr. Murray, Dr. Tyrell. Drs. Murray and Tyrell were elected to take the place of Drs. Barrie and Dixon, who retire by rotation.

Special Representative Meeting.—Dr. BLAIR, the Representative, then gave his report of the special meeting of Representatives held in London in the end of May, concerning the proposed Charter of the Association. He dealt with various matters, such as the composition of the Council and the reduction of the number of members, the number to be allocated to Scotland, the fact that the Representatives were to remain as at present. He mentioned that, on account of the fact that the Colonial Divisions cannot send in their replies to the various matters referred to them by the Council in time for the annual meeting of Representatives at Exeter, there can be no final decision of the question of the Charter for another year.

Votes of Thanks.—Dr. HAMILTON moved a vote of thanks to Dr. Blair for the trouble he had taken in giving such an excellent report of the Special Representative Meeting. Dr. BANNERMAN seconded, and the vote was unanimously accorded. Dr. BANNERMAN then proposed a very cordial vote of thanks to Dr. Young for the very able manner in which he had filled the chair during the past year. This was heartily agreed to, and Dr. YOUNG replied and prophesied for Dr. Bannerman an equally successful tenure of office. Dr. CULLEN expressed the thanks of the members to both Dr. and Mrs. Young for the very kind hospitality which they had received.

GLASGOW AND WEST OF SCOTLAND BRANCH:
GLASGOW SOUTHERN DIVISION.

THE annual meeting of this Division was held in the Medical Club on June 12th. Dr. JOHN BROWN presided.

Confirmation of Minutes.—The minutes of the last annual meeting were read and approved of.

Report of Committee.—The annual report of the Committee was submitted and adopted.

Election of Office-bearers.—The following gentlemen were elected office-bearers and members of Committee for the ensuing year: *Chairman*, Dr. Jas. Weir; *Vice-Chairman*, Dr. W. J. Richard; *Secretary and Treasurer*, Dr. John Stewart; *Representative for Representative Meeting*, Dr. Alex. Miller; *Representatives on Branch Council*, Dr. John Stewart and Dr. John Brown; *Executive Committee*, Drs. Hamilton, Wauchope, Dunlop, Hansen, Leask, Robertson, Yuill Anderson, Paton, Wilson Cameron, Dunning, Leitch, Shaw, McLeod Watson, and J. P. Duncan.

LANCASHIRE AND CHESHIRE BRANCH:
BLACKPOOL DIVISION.

THE annual general meeting of the Blackpool Division was held in Jenkinson's Café, Talbot Square, Blackpool, on Wednesday, May 29th, Dr. MCINTOSH, President, in the chair.

Confirmation of Minutes.—The minutes of the general meeting held on May 8th were read and confirmed.

Report of Executive Committee.—The annual report of the Executive Committee was read and approved.

Election of Officers.—The election of officers and Committee for the session 1907 8 then took place, resulting as follows: *President*, Dr. Dunderdale, proposed by Dr. MCINTOSH and seconded by Dr. JOHNSON; *Vice-President*, Dr. Booth, proposed by Dr. MCINTOSH and seconded by Dr. STEWART; *Honorary Secretary*, Dr. Coutts, proposed by Dr. JOHNSON and seconded by Dr. SABERTON; *Representative on Branch Council*, Dr. Coutts, proposed by Dr. RHODES and seconded by Dr. JOHNSON; *Executive Com-*

mittee, Dr. McIntosh (Blackpool), Dr. Eason (Lytham), Dr. Johnson (Blackpool), Dr. Lawton (Blackpool), Dr. Rhodes (Thornton), Dr. Stewart (Blackpool), Dr. Iredale (Blackpool), and Dr. Jeffrey (Blackpool).

Alteration of Rule.—It was then proposed by Dr. DUNDERDALE, seconded by Dr. SABERTON, and resolved:

That Rule 2 of the Blackpool Division be so altered that only two weeks' notice need be given to each member in calling the annual general meeting instead of four weeks, as in the present rule, and to effect this the words "two weeks" be substituted for "four weeks" on the top line of p. 4 of the printed rules.

Notices of Motion at Annual Representative Meeting.—The meeting then considered the notices of motion in the SUPPLEMENT of the BRITISH MEDICAL JOURNAL for April 20th, and resolved:

That unless the Division have another opportunity to consider these notices of motion the Representative be instructed to vote thereon according to his own judgement.

JOINT MEETING OF BLACKPOOL AND ISLE OF MAN DIVISIONS.

A JOINT meeting of the Blackpool and Isle of Man Divisions was held at Jenkinson's Café, Talbot Square, Blackpool, on Wednesday, May 29th, to elect a Representative. Dr. McINTOSH was in the chair. It was proposed by Dr. IREDALE, and seconded by Dr. RHODES, and resolved:

That Dr. F. J. H. Coutts, of Blackpool, be elected the Representative for the joint Blackpool and Isle of Man Divisions to Representative Meetings of the Association.

BOOTLE DIVISION.

THE annual meeting of the members of this Division was held in the Masonic Hall, Merton Road, Bootle, on May 31st.

Election of Officers.—The following were elected office-bearers for the ensuing year: *Chairman*, J. Dunn, F.R.C.S.Edin.; *Vice-Chairman*, R. Turner, M.D.; *Honorary Secretary*, H. Waters, M.B.Camb.; *Representatives on the Branch Council*, F. M. Wills, F.R.C.S.I., B. Sumner, M.D.; *Executive Committee*, J. Dunn, F.R.C.S.Edin., W. J. Fleetwood, M.D., B. Sumner, M.D., R. Stevenson, M.D., R. Turner, M.D., H. Waters, M.B.Camb., J. Walker, M.R.C.S., F. M. Wills, F.R.C.S.I., Dr. Daley; *Representative at Annual Meeting in London*, J. Walker.

CHESTER AND CREWE DIVISION.

A MEETING of this Division was held at the Crewe Arms Hotel, Crewe, on June 7th, at 5 p.m., Dr. MANN in the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Letter.—A letter was read from Mr. Larkin, Honorary Secretary of the Branch, questioning whether Dr. Hardy, of Buckley, should be a member of the Division. It had been shown that Buckley was not properly in the Division area; but one member, Dr. Fraser, of Buckley, had already been elected a member of the Division. The matter was referred to the Branch Council for decision.

Ethical Rules.—The model ethical rules of the Bradford Division were then considered seriatim.

(*a*) Regulation of terms for appointments. Dr. HODGSON proposed, and Dr. GRAY seconded, and it was unanimously agreed to.

(*b*) Adoption throughout the Division's area. Proposed by Dr. LIDDLE, seconded by Dr. GRAY, and unanimously agreed to.

(*c*) Adoption for a *part* only of the Division. Proposed by Dr. GRAY, and seconded by Dr. KING.

(*d*) Appointments under existing contracts. After a good deal of discussion, and the withdrawal of a negative proposition by Drs. BRIERLEY and PARRY, it was finally unanimously agreed to, on the proposal of Drs. STAIN and KING.

(*e*) Notice to Branch Council as to unprofessional conduct of members. This also was unanimously agreed to, on the proposal of Drs. GRAY and BRIERLEY.

(*f*) Refusal of professional recognition. Unanimously agreed to, on the proposal of Drs. BRIERLEY and LINNELL.

(*g*) Consultation in cases of emergency. Unanimously agreed to, on the proposal of Drs. HODGSON and MOODY.

(*h*) Canvassing. Unanimously agreed to, on the proposal of Drs. HODGSON and KING.

It was finally proposed and seconded by Drs. HODGSON and PARRY, and unanimously decided, that with the view to the adoption of the ethical rules, the Executive Committee be requested to draw up a circular letter to be sent to every medical man resident in the Division area, with the request that he would express his approval or not of the various points touched upon, and that a report be presented to the Division at a future meeting.

Vote of Thanks to the Chairman.—A vote of thanks to the Chairman terminated the proceedings.

LIVERPOOL (NORTHERN) DIVISION.

THE annual meeting of this Division was held at the Medical Institution on May 31st, Dr. J. A. COOKE, Chairman, presiding.

Minutes.—The minutes of the last annual meeting were taken as read. The minutes of the last ordinary meeting were read and confirmed.

Proposed Joint Committee for Local Divisions.—It was proposed by Dr. A. IVOR THOMAS, seconded by the CHAIRMAN, and resolved unanimously:

That the resolutions drawn up by a Committee consisting of the Chairman and Secretaries of the Liverpool and Birkenhead Divisions, with a view to promoting combined action by the said Divisions, and a copy of which has been sent to each member, be adopted.

Election of Officers.—The following members were elected officers for the ensuing year: *Chairman*, R. S. Archer, M.D.; *Vice-Chairman*, A. Ivor Thomas; *Secretary and Treasurer*, A. W. German; *Representative at Representative Meetings*, E. T. Davies, M.D.; *Representative on Branch Council*, A. W. German; *Executive Committee*, H. Adcock, W. T. Blackledge, M.B., J. A. Cooke, S. H. House, M.B., S. Mathews, M.D., J. J. Tisdall; *Representatives on Joint Committee*, Honorary Secretary and Representative *ex officio*, Vice-Chairman, S. Mathews, M.D., J. J. Tisdall.

Hospital Administration.—It was unanimously decided to answer the specific questions submitted (see SUPPLEMENT, April 13th, p. 190) as follows:

1. No.
2. No.
3. Yes, except in urgent cases, when inquiry could be made after the first attendance.
4. No, as this is not practicable.

Notices of Motion (see SUPPLEMENT, April 20th, April 27th, and May 11th).—It was unanimously decided that these should be left to the discretion of the Representative at the Representative Meeting.

Resolution of Condolence.—It was resolved unanimously:

That this Division desires to express its deep sympathy with Dr. R. S. Archer in his present illness, and offers him its sincere wishes for his speedy recovery.

Votes of Thanks.—Votes of thanks to the retiring Chairman and to the Honorary Secretary for their services during the past year terminated the proceedings.

LIVERPOOL (WESTERN) DIVISION.

THE annual meeting of the Division was held on May 24th at the Liverpool Medical Institution, Mr. F. C. LARKIN in the chair.

Reports.—The annual report of the Executive Meeting was read and adopted, and the financial statement was also read and adopted.

Combined Action by Divisions.—The resolutions drawn up by a specially appointed committee consisting of the Chairmen and Secretaries of the Liverpool and Birkenhead Divisions with a view to promoting combined action by the said Divisions, were adopted, as follows:

That this Division approves of, and will co-operate in, the formation of a Joint Committee of the six Divisions of the Liverpool and Birkenhead district and the holding of combined meetings of the members of these Divisions in accordance with the following provisions:

1. That the Joint Committee shall consist of five members of each Division, appointed by each Division at its Annual General Meeting; the Honorary Secretary and the Representative of each Division shall be among the five appointed.
2. That the Committee coming into office immediately after the holding of the Annual General Meetings of the six Divisions in each year, and that all members

of the Committee of each year, hold office until the next Committee comes into office. Casual vacancies occurring in the Committee may be filled up by the Division whose representation is affected. Further, that at the first meeting of each year the Joint Committee shall elect a Chairman and an Honorary Secretary for the year, and shall arrange the dates of its Meetings.

3. That the duties of the Joint Committee shall be as follows:
   (*a*) To convene at its discretion combined meetings of the members of the six Divisions for the consideration of any matter with which such Meetings are for the time being authorized by the said Divisions to deal.
   (*b*) To carry into execution resolutions of combined meetings upon matters with which they are authorized to deal.
   (*c*) To act on behalf of any of the six constituent Divisions in any matter affecting the local interests of the profession with regard to which the said Division and the Committee shall be of opinion that the interests of the profession will be better served by action through the Committee than through the Division.
   (*d*) To consider all such matters with a view to the promotion of co-ordination of the work of the Divisions.
4. That combined meetings of the six Divisions convened by the Joint Committee be authorized to deal on behalf of the six Divisions, subject to the proviso stated in paragraph 5, with any question affecting the general interests of the medical profession in the area of the six Divisions, or of any particular class or classes of the profession in the said area; also to deal with any question affecting the interests of the profession in any one Division upon which the said Division shall seek the opinion or support of the combined Divisions.
5. That the authority conferred by paragraph 4 upon the combined meetings be subject to the following provisions:
   (*a*) That combined meetings shall not deal with questions of medical ethics, except by way of expressing collective opinion when desired for the information of the Divisions; no resolution of a combined meeting on an ethical matter shall be binding upon any individual member of a Division.
   (*b*) That combined meetings shall not deal with any question affecting the internal affairs of the Association, or the policy of the Association, in other than local matters, nor interfere in any way with the autonomy of the Divisions in respect of such matters, except by way of expression of collective opinion for the information of the Divisions, with a view to affording the Divisions the opportunity of arriving at uniform decisions.

Alteration of Rules.—A number of alterations of the rules of the Division were then adopted.

Election of Officers.—The following were elected officers for the ensuing year: *Chairman*, Sir James Barr; *Vice-Chairman*, Dr. G. Stopford Taylor; *Honorary Secretary*, Dr. K. Grossmann; *Representative in Representative Meetings*, Dr. K. Grossmann; *Representatives on Branch Council*, Dr. Grossmann and Dr. Howard; *Ordinary Members of Executive Committee*, Dr. Allen, Dr. H. Jones, Mr. F. C. Larkin, Dr. Lloyd Roberts, Dr. David Morgan.

Draft Charter.—The draft Charter was then considered, and the Representative instructed accordingly.

MANCHESTER (SALFORD) DIVISION.

THE annual meeting of this Division was held on May 29th.

Election of Officers.—The following members were elected officers for the year 1907-8: *Chairman*, Dr. Bruce Bell; *Vice-Chairman*, Dr. Senna; *Honorary Secretary and Treasurer*, Dr. Taylor; *Representative to Annual Representative Meeting*, Dr. Wolstenholme; *Representatives on Branch Council*, Dr. Taylor and Dr. Wolstenholme; *Executive Committee*, Drs. W. C. Brown, English, Hamill, S. McNair, Wolstenholme.

MANCHESTER (WEST) DIVISION.

AT the annual meeting of this Division, held on May 27th last, the following officers were elected: *Chairman*, Dr. Wallace Eales (Stretford Road, Old Trafford); *Vice-Chairman*, Dr. E. W. Floyd (Westwood Street, Moss Side); *Honorary Secretary*, J. Skardon Prowse, B.A., M.B. (Moss Lane East, Moss Side); *Executive Committee*, Dr. Wallace Eales (*ex officio*), Dr. E. W. Floyd (*ex officio*), The Honorary Secretary (*ex officio*), Dr. John Broadbent (Alexandra Road Moss Side), Dr. C. Stennett Redmond (117, Stretford Road' Hulme), Dr. Worswick (Chorlton Road, Brooks Bar), Dr. J. Brassey Brierley (Old Trafford), Dr. Oswald Woodcock (Old Trafford); *Representatives on Branch Council*, Dr. J. Brassey Brierley, Dr. J. Skardon Prowse; *Representative in Annual Representative Meeting* (no appointment at present); *Members of Combined Committees of Manchester and Salford Divisions*, Dr. Wallace Eales, Dr. E. W. Floyd, Dr. C. Stennett Redmond, Dr. John Broadbent, Dr. J. Skardon Prowse.

STOCKPORT, MACCLESFIELD AND EAST CHESHIRE DIVISION.

THE annual meeting of this Division was held on June 13th.

Election of Officers.—The following members were elected officers for the ensuing year: *President*, Dr. J. H. O. Goulden (Stockport); *Vice-President and President-Elect*, Dr. J. Somerville (Macclesfield); *Representatives on Branch Council*, Drs. E. A. Goulden (Stockport), and James B. Hughes (Macclesfield); *Honorary Secretary*, Mr. B. W. Housman, F.R.C.S. (Stockport); *Executive Committee*, Dr. Averill (Macclesfield), Dr. Proudfoot (Macclesfield), Dr. Rayner (Stockport), and Dr. Godson (Cheadle); *Representative at Annual Representative Meeting*, Mr. B. W. Housman, Lygon House, Stockport; *Deputy Representative*, Dr. E. Rayner, Tiviot Dale, Stockport.

Medical Inspection of School Children (SUPPLEMENT, BRITISH MEDICAL JOURNAL, p. 74).—Answers to specific questions.

1. (*a*) No.
   (*b*) Yes.
2. Requires no answer.
3. No.
4. Requires no answer.

The members present all represented populous urban or semiurban districts in the Division, though several also work in rural districts.

Ethical Aspects of Consultation (SUPPLEMENT, BRITISH MEDICAL JOURNAL, pp. 74-77).—It was resolved:

> That the suggestions of the Ethical Committee be approved.

Hospital Administration (SUPPLEMENT, BRITISH MEDICAL JOURNAL, pp. 189-190).—A discussion on the local hospital administration ensued and occupied the remainder of the time of the meeting, which stood adjourned.

Great Central Railway Mutual Provident Association.—It had been previously resolved:

> To accept the report of the Subcommittee appointed to consider the report on the rules of the Great Central Railway Mutual Provident Association; also to continue the Subcommittee with power to take the necessary steps to bring the report before the Medical Officers of the Great Central Railway, and the Divisions in which they severally reside, with a request for the expression of their views on the matter, and that the Subcommittee report again to the Division.

The Great Central Railway Mutual Provident Association is the name of an association for the provision of medical attendance on its members, at contract rates, which has recently come into conflict with the medical profession in various parts of the country, but notably in Sheffield and Stockport.

The Association is divided into Districts, with Medical Officers, extending from York to Southampton and from Grimsby to North Wales. There are 203 Medical Officers, according to the list for 1906, of which 114 are members of the British Medical Association, and the latter are distributed among nine Branches and thirty-six Divisions, of which the Lancashire and Cheshire, the Yorkshire and the Midland claim a large proportion. At the latter end of last year a disagreement arose in Stockport between the local Medical Society and the Railway Association on the question of the dismissal and appointment of the medical officer for that district. The result has been that the Medical Society has taken such steps as will leave the railway employees without any medical officer after June 24th; and the Society, considering that, apart from the treatment of the discharged medical officer, the rules, rates of payment, and conditions of employ, required amending, referred the whole matter to the local Division of the British Medical Association, in order that concerted action may be taken to remedy the shortcomings of the system adopted by the Great Central Railway's Association.

It may be mentioned that at the recent annual meeting of the Railway Association in Sheffield certain resolutions

were passed which plainly indicate how concerted action in "disaffected districts" is making itself felt, for district executives were instructed to make the "best terms they could with the doctors," and the committee were instructed to propound a new scheme to the members before October 1st, at a cost not to exceed 8s. per adult male member, and this to include attendance on the man, *his wife, and all children under 14 years.* The Stockport, Macclesfield, and East Cheshire Division then appointed a subcommittee to consider and report on the rules in question. Their report is appended for the information of the members of this Association.

REPORT ON THE RULES OF THE GREAT CENTRAL RAILWAY MUTUAL PROVIDENT SOCIETY.

To the Members of the Stockport, Macclesfield, and East Cheshire Division of the British Medical Association.

WE the undersigned, being the Subcommittee appointed to draw up a Report on the rules of the Great Central Railway Mutual Provident Society, beg to submit the following for the consideration of this Division:

We have in this Report only mentioned such rules or parts of rules as, in our opinion, injuriously affect the medical officers of this Society, and have in such case quoted the rules, and where necessary added our comments; we have made no suggestions as to reform, being convinced that the first step is to get other Divisions where this Provident Society has Medical Officers to agree that the Rules as now existing are unworkable, and having got that opinion, the time for concerted action would arrive and the suggestions as to reform could be made by a joint Committee to be afterwards appointed.

We understand that this Society was first formed to provide Medical and Sick Benefits for men only.

Rule 2 provides:

. . . for the provision of Medical attendance upon Members, their wives, and those of their children who are under 14 years of age. . . .

Rule 12 provides:

A qualified Medical Officer shall be appointed by election by the members in each district every three years, but shall be eligible for re-election, to render sufficient medical aid to any of the members (as well as their wives, and those of their children who are under 14 years of age) suffering from illness or disability, and who are receiving wages or are resident for the time being in such district, and shall be remunerated according to a scale of fees to be agreed upon by the Executive Committee (See page 51). These fees shall meet the expense of attendance, medicine, bottles, and appliances, except trusses and elastic stockings which shall be paid for by the Society to the value of Two Guineas, but any member who has received appliance or appliances for himself, wife, or children, amounting to the said value, and shall continue to be a member for a further period of three years after receiving the last appliance, he shall be again entitled to the benefit of this rule, and which will be provided on application to the Secretary, and on the recommendation of the Medical Officer.

The Committee shall be empowered, if they think fit, on any charge of incapacity or neglect being proved against a Medical Officer, to discontinue their engagement with him upon fourteen days' notice, and to give notice to the members to proceed to the election of a successor.

Comments.

1. We consider the appointment should not be for a term of years, but should be determinable by a proper notice an either side, because we know the terms have been broken, and advantage taken in subsequent years to try to get rid of a Medical Officer on the whims and spite of members.

2. There is no provision made for hours of attendance at the Surgery, time for messages to be left, special visits, or night visits; we further consider that the provision of bottles and appliances ought to be made by the Society or paid for by the members.

3. We consider the Committee should not have the power to terminate the appointment of the Medical Officer on a case being proved by fourteen days' notice unless he has a right to appeal.

Rule 13 provides:

Every person applying under these Rules to become a member of this Society shall be required to undergo a medical examination by the District Medical Officer to the Society, and the latter will certify whether or not the applicant for admission is in a sound state of bodily health. If the applicant be married or shall marry after joining the Society, he shall fill up a form of declaration as to the health of his wife, and if such declaration be not satisfactory, the Executive Committee shall exclude the wife from all benefits.

Comment.

Although provision is made for the examination of the man, the wife is admitted without any medical examination whatever.

Rule 15 provides:

Any person having been a member of the Society seven years, and who shall quit the service of the said Companies, may continue a member of this Society on payment of one penny per week additional to the maximum rate of contribution; and provided also, that in the event of his residing beyond a distance of three miles from the residence of the Society's Medical Officer, or any of the Company's Stations, he shall not be entitled to medical attendance at the expense of the Society for either himself or his family, but shall be entitled to the return of the Medical Officer's fee yearly.

If the trade or profession taken up is considered by the Committee to be peculiarly hazardous, the rate of contribution shall be proportionately increased, subject, nevertheless, in all cases to the discretion of the Committee.

Comments.

1. We consider that members ought not to be entitled to Medical Benefits after leaving the Service of the Railway Company, but under this rule a man may continue in medical benefit for himself, his wife, and family, no matter how much his position in life may have improved.

Furthermore, we consider it is impossible for the Society to exercise the same control over members after they have left the services of the Company.

2. We consider a three miles limit from the medical officer's residence or the nearest Station is too far for Urban Districts.

3. We consider that though the Society has protected itself against "peculiarly hazardous risks," there is no protection for the Medical Officer.

Rule 18 provides:

. . . That in the event of a member or any of his family being taken ill away from home and having to call in medical aid, the charges for the same be paid in full by the Society, but should the Society's Medical Officer reside in the District his services shall be obtained.

Rule 18 (continued) provides:

. . . Any member who shall have a limb accidentally fractured or dislocated shall be allowed to employ a practical bonesetter, or any member first placing himself under the care of his Medical Officer and considering that he is not making satisfactory progress, shall, with the consent of the Secretary, be allowed to consult a bonesetter, the fees to be paid by the Society.

Comments.

1. The first paragraph speaks for itself, comment is unnecessary.

2. Any Medical Officer working under this rule is liable to be struck off the *Medical Register* for "infamous conduct," and it is absolutely against all ethics of the profession.

APPENDIX.

Scale of fees, etc., payable to the Medical Officers appointed by the Society, on the conditions specified under Rule 12.

Ordinary fees:

8s. per head per annum for Members paying 8d. or more per week contribution.

4s. per head per annum for Members paying 4d. per week contribution.

2s. 6d. for each examination of an applicant for admission to the Society.

"The Medical Officer is liable if called in, to attend free of charge any member who may, to suit the Company's convenience, be temporarily residing in his district, though receiving wages in another district."

Comments.

1. These fees, which include, according to Rule 2, attendance on members, their wives, and children under 14 years of age, are proved by experience to be absolutely inadequate.

2. We also consider that women and children ought not to be included in contract practice.

3. We also note no provision is made for consultations in cases where required.

4. We also object to the provision in the above paragraph that members, to suit the Company's convenience, tem-

porarily residing in a Medical Officer's District, are to be attended free of charge by the Medical Officer whose district they happen to be in.

(Signed) E. A. GOULDEN.
BASIL W. HOUSMAN.
JOHN B. HUGHES.
A. B. MCMASTER.
H. G. SMEETH.

METROPOLITAN COUNTIES BRANCH:

HAMPSTEAD DIVISION.

THE annual meeting of this Division was held on Friday, June 14th, at 4 30 p.m., at St. Peter's Hall, Belsize Square, N.W., Dr. MACEVOY in the chair.

Minutes.—The minutes of the previous annual meeting of June 8th, 1906, which by an oversight had never been confirmed, were taken as read and signed. The minutes of the meeting of June 4th, 1907, were then read and confirmed.

Letter.—A letter was then read from the General Secretary reminding Divisions that the Representative Meeting and the Council recommended that in the election of a Representative the numbers voting for and against and those absent should be noted. The meeting agreed to take this course.

Questions.—Mr. JESSOP referred to a letter in the BRITISH MEDICAL JOURNAL SUPPLEMENT for June 15th, 1907, with reference to the Hampstead Hospital to which he thought an official answer should be sent as soon as possible. Mr. HARDY proposed and Dr. OPPENHEIMER seconded:

> That the letter be referred to the Joint Hampstead Hospital Committee for consideration.

Carried *nem. con.*

Annual Report.—The HONORARY SECRETARY read the annual report for the session 1906-7. The report was the fourth report of the Division. The total number of Divisional meetings held was 13; the average attendance 16.5. The total number of individual members who attended meetings was only 56. No fewer than 126 members failed to attend a single meeting. These figures compared unfavourably with last year. The total number of members in June was 181, showing a net loss of 10 as compared with June, 1906. There had been eight new members in the course of the session; two deaths (Dr. Heath Strange and Dr. Macfadyen); and six resignations. The total expenses up to date for 1907 were £33 19s. 4d. A list of members who attended meetings, and a list of committee attendances was handed round. The death of Dr. Heath Strange was again referred to, and it was pointed out that an obituary notice appeared in the BRITISH MEDICAL JOURNAL for June 15th, 1907. The Committee had met 15 times, and in addition had held three conferences, and twice sent deputations. The average attendance was 7.8 out of a Committee of 13 (originally). At no less than ten out of eighteen meetings the subject of the Hampstead Hospital was dealt with, and at four of those ten it constituted the sole subject of discussion. The Committee had had ethical cases to deal with, and had been very active in making known the views of the Association on Provident Dispensary Reform. The Division had discussed the following:

1. Cottage hospitals, and the question of subscribers' letters (at Finchley).
2. Divisional library.
3. The Poor Law as affecting the medical profession.
4. Provident dispensaries.
5. The Royal Charter.
6. The Hampstead General Hospital.
7. Ethical aspects of medical consultation.
8. Certain points in hospital administration.
9. Medical inspection of school children.

Scientific papers had been read by Mr. Cheatle on Cancer of the Tongue; Dr. D'Este Emery on Opsonic Indices; Dr. Montague Murray on Pneumonia in Children. An annual dinner had been held.

The report was adopted, and a hearty vote of thanks was passed to Dr. Yeld for the compilation of it.

Special Representative Meeting.—Mr. ARMIT referred briefly to the results of this meeting, and a hearty vote of thanks was passed to him for his work on behalf of the Division during the session.

Vote of Thanks to Retiring Chairman.—A hearty vote of thanks to the retiring chairman (Dr. Macevoy) was then proposed by Dr. OPPENHEIMER, seconded by Mr. ARMIT. The proposer commended the skill and judgement shown by the chairman throughout an unprecedentedly arduous session. The vote of thanks was carried with acclamation. —Dr. MACEVOY, in reply, thanked the Honorary Secretary for his valuable assistance.

Election of Officers.—The following members were elected officers for the ensuing year: *Chairman*, Dr. Pidcock; *Vice-Chairman*, Dr. Oppenheimer; *Representatives to the Branch Council*, Drs. Macevoy and Clark Wilson, Dr. Yeld (*ex officio*); *Representative to the Representative Meeting*, Mr. H. W. Armit (14 voted for, 1 did not vote, absent 166). *Honorary Secretary*, Dr. R. A. Yeld; *Co-Secretary*, Mr. Armit; *Ordinary Members*, Dr. Ford Anderson, Dr. Collingwood Andrews, Miss Ada Browne, Dr. W. Butler, Mr. C. W. Cunnington, Miss Dobbie, Dr. Gaster, Mr. Nelson Hardy, Mr. F. R. Humphreys, Mr. E. Jessop, Mr. W. B. Parsons; *Co-opted Members for the Joint Hampstead Hospital Committee*, Drs. Sharman, James Stewart, Walter Smith, and Claude Taylor.

Instructions to Representative.—No special instructions were given.

Central Emergency Fund.—The HONORARY SECRETARY read a letter from Dr. J. A. Macdonald, Chairman of the Representative Meeting, on this subject, inviting subscriptions and donations. It was decided to notify the members of the Division in the agenda for the next meeting.

Other Business.—A vote of congratulation was passed to Dr. Ford Anderson on his election as Representative of the Branch to the Central Council.

Next Meeting.—The next meeting of the Joint Hampstead Hospital Committee was fixed for June 24th.

STRATFORD DIVISION.

A MEETING of the Stratford Division was held on June 20th at the Alexandra Hotel, High Street, at which Dr. CHARLES SPURRELL presided.

Deputy Representative.—It was unanimously agreed that Dr. W. A. Grogono should be appointed Deputy Representative at the Annual Representative Meeting.

The Truck Acts.—A memorandum regarding the working of the Truck Acts in reference to medical attendance was submitted from the Medico-Political Committee of the Association. The Honorary Secretary was instructed as to the replies to be given to the questions contained in the communication.

Fees in certain Cases of Consultation.—The meeting considered a resolution regarding fees in cases of consultation requested by employers, companies, or public bodies, forwarded by the Honorary Secretary of the Medico-Political Committee of the Metropolitan Counties Branch for the opinion of the Division. It was pointed out that the circumstances of the case which occasioned the reference were covered by the resolution sent up by the Stratford Division, and passed at the Leicester meeting in 1905, to the effect:

> That the fee of the patient's medical attendant should be paid at the time by the party asking for the consultation or examination.

The opinion of the meeting was (1) that such fees were generally offered at the time and (2) that any difficulty in obtaining the fee was overcome by the practitioner refusing to take part in the consultation unless the fee was paid at the time.

Central Emergency Fund.—The subject of the Central Emergency Fund referred from last meeting was then brought forward by Dr. ROSE, who moved:

> That in the opinion of this Division a satisfactory Central Emergency Fund would be formed by each member of the Association voluntarily subscribing 5s. a year.

Dr. Rose gave the history of the Fund since it started in 1906, and he thought that the foundation of such a fund would be an inducement for medical men to join the Association. Dr. HASTINGS seconded the motion. Dr. BEADLES questioned the legality of a Committee of the Association proceeding to administer a fund which they had no legal powers of raising. He instanced medical defence as a power which could not be used by the Association under its present constitution, and he thought there would be a similar objection to the administration of an Emergency Fund. Dr. BIERNACKI thought that a fund founded on voluntary

subscription was foredoomed to failure, and he considered that it was inexpedient to invite subscriptions, inasmuch as many men, though not approving of the Fund, would not like to refuse. He pointed out, too, that under the new Charter such a fund could be legally raised, and it would be well to wait till the Charter was granted. He also thought there was insufficient information of the objects of the Fund and its methods of administration. Dr. HAY said that in his opinion the Stratford Division should have nothing to do with the Emergency Fund at present. It ought to be remembered that the Association had a large number of members who were merely JOURNAL readers, and who were not interested in the political aspects of the Association. The necessity of such a fund had not been brought home to the members, and a fund necessitating an increase of subscription, instead of proving an inducement to join, might end by drawing members out of the Association. Dr. GROGONO, in supporting the resolution, said that as the Association was becoming a means of mutual help and support it was absolutely necessary to have such a fund. The resolution was carried by a small majority. Dr. ROSE then moved:

> That this meeting invites every member of the Stratford Division to forward by the end of this month the sum of 5s. to the Honorary Secretary of the Division, and to follow this with a subscription of 5s. in January each year, unless the Association has decided that further subscriptions are not required.

On the amendment of Dr. HAY, the further consideration of this motion was postponed till a future meeting.

MUNSTER BRANCH.

THE annual general meeting was held on Saturday, June 22nd, Dr. J. J. CURRAN in the chair.

Confirmation of Minutes.—The minutes of the last annual meeting were read and confirmed.

Apology for Non-Attendance.—Letter of apology for non-attendance from Colonel Hunt, R.A.M.C. (Limerick), read.

Election of Representative on Central Council.—Dr. GIUSANI having been duly nominated in accordance with By-law 27 of the Association was elected representative to Council, British Medical Association, for 1907 8.

Representative to Representative Meetings.—Dr. J. J. Curran (Killeagh, co. Cork) was unanimously elected.

Election of Representative to Irish Committee, British Medical Association.—Dr. D. J. O'Connor, F.R.C.P.I., was unanimously elected for 1907 8.

Election of Officers.—The following members were elected officers and members of Council for the Branch for ensuing year:—*President*, Dr. J. Cotter, F.R.C.S.I. (Cork); *Vice-President*, Dr. Lucy Smith; *Retiring President*, Dr. P. T. O'Sullivan; *Honorary Secretary*, Dr. Philip G. Lee, 26, Patrick's Hill, Cork. The following *Council* was elected: Drs. Professor W. Ashley Cummins, Professor Corby, H. R. Townsend, P. J. Cremen, D. J. O'Connor, J. T. O'Connor, T. B. Moriarty, E. J. Coffey (Queenstown), P. J. Macnamara (Kilmallock), H. N. Hubert O'Meara (Skibbereen), M. Cagney.

Draft Charter, etc.—After some discussion on the subjects of the Royal Charter and the reports of the Hospitals Committee, the meeting adjourned.

NORTH OF ENGLAND BRANCH:

GATESHEAD DIVISION.

THE annual meeting of this Division was held on June 18th, Dr. J. W. MCKAY (Chairman) presiding.

Ethical Aspects of Medical Consultation.—The HONORARY SECRETARY read letters which had been received from various local consultants in reply to a circular letter sent by the Division, calling their attention to the report on consultations and consultants issued by the Ethical Committee, with particular reference to the grievance felt by the Division, inasmuch as men who posed as consultants and were called in as such by the members, were every now and then found acting as general practitioners in regular attendance. Many of the replies were formal, but one suggested the desirability of the Division meeting the consultants and talking the matter over. It was decided to defer further action until the October meeting.

Truck Act.—The HONORARY SECRETARY read a circular from the Medical Secretary requesting evidence on the working of the Truck Act. As many of the questions could be best answered by individuals with much experience in the matter, the papers were handed over to the Chairman and Dr. Jaques, of Washington, with the request that they should fill in the answers. On the general principle of how large works and colliery appointments should be worked to the best advantage of the profession and public, it was resolved unanimously to approve of (*b*)—namely, "Liberty to each workman to select his own doctor from among all in the district who are willing to act."

Insurance of Locum Tenents.—Dr. GILBERT reported on this matter, quoting opinions he had received from an insurance company, and also the leading article in the BRITISH MEDICAL JOURNAL. Dr. COX also read a letter from the General Secretary on the question, and some discussion took place.

Arrangements for Annual Meeting of Branch at Gateshead.—Dr. KIMPSTER announced that 37 out of 49 members had contributed to the voluntary hospitality fund, and detailed the arrangements he and the Executive had made.

Election of Officers.—The following officers were elected for 1907-8: *Chairman*, Dr. A. S. Jaques; *Honorary Secretary*, Dr. Alfred Cox; *Representatives on Branch Council*, Drs. Mearns, Green, and Gilbert; *Executive of Division*, the above with the addition of Dr. W. Jaques (Washington).

Vote of Thanks to Retiring Chairman.—On the motion of Dr. GREEN, seconded by Dr. GILBERT, a hearty vote of thanks was given to the retiring Chairman for his assiduous services during an exceptionally heavy year. Dr. MCKAY responded, and Dr. JAQUES also thanked the meeting for his election as Chairman.

COMBINED MEETING OF GATESHEAD AND CONSETT DIVISIONS.

THIS meeting was held at Gateshead on June 18th. Dr. J. W. MCKAY was voted to the chair.

Apology for Non-attendance.—A letter of apology was read from Dr. E. W. Diver, of Shotley Bridge, whose absence was unavoidable.

Report of Special Representative Meeting re Charter.—Dr. COX referred to the fact that with few and unimportant amendments, the Charter had been passed as it was when last under the consideration of the meeting. The meeting received with considerable satisfaction the news that the Representatives had by a decisive majority refused to postpone the consideration of the Charter. Dr. GILBERT moved, and Dr. KIMPSTER seconded, a vote of thanks to the Representative for his services, and the mover said that the Association seemed now within measurable distance of really getting on with its work, and no longer spending the bulk of its time in tinkering with the machine.

Representative for 1907-8.—On the motion of Dr. S. V. ROBINSON, seconded by Dr. SMITH, Dr. Cox was re-elected unanimously. In accepting the post, Dr. COX said that only those who had attended the meetings of the Representative Body had any conception of the energy and enthusiasm that was now being put into the work of the Association. He was proud of his membership of such a body, but he hoped when the Charter was safely out of the way that some other member would be elected in order that one more of the Division should be inspired, as he was, with the greatness of the future of the Association and the capacity of its workers to fulfil its mission.

Substitute for the Representative.—Dr. W. Smith was unanimously elected, on the motion of Dr. GREEN, seconded by Dr. KIMPSTER.

Instructions to Representative.—Other matters having been discussed at other meetings, the Representative was instructed in the opinion of the meeting on the hospitals question. On matters of detail, knowing as he did the general opinion of the constituency, he was left to his discretion.

NORTH WALES BRANCH:

SOUTH CARNARVON AND MERIONETH DIVISION.

THE annual meeting of this Division was held at the White Lion Hotel, Bala, on Thursday, May 30th. The chair was taken by Dr. O. WYNN GRIFFITH, Chairman.

Confirmation of Minutes.—The minutes of the last meeting were read and approved.

Correspondence.—Letters of apology for non-attendance

were read from Dr. Samuel Griffith (Portmadoc), Dr. Jones (Isallt), Dr. Williams (Machynlleth), and a letter from Dr. Evans, Secretary, North Carnarvon and Anglesey Division.

Election of Officers.—Chairman, Dr. Hugh Jones, M.B. (Dolgelly) (Dr. Wynn Griffith vacating the chair, Dr. Hugh Jones was installed chairman of the meeting); *Vice-Chairman*, Dr. R. D. Evans (Festiniog); *Honorary Secretary*, Dr. Gladstone Jones (Criccieth) re-elected; *Representative to Representative Meeting*, Dr. Hugh Jones (Dolgelly); *Representatives on Branch Council*, Dr. Wynn Griffith (Pwllheli), Dr. Howel White (Corwen), and the Honorary Secretary; *Executive Committee*, Dr. Walter Williams (Portmadoc), Dr. White-Jones (Bala); *Representative of the North Wales Branch on the Central Council*, Dr. H. Jones Roberts (Penygroes), re-elected unanimously.

Annual Report—The annual report of the Executive Committee for 1906 was read and adopted.

Hospital Administration.—On this subject the Division meanwhile do not feel in a position to express an opinion.

Medical Inspection of School Children.—This matter was referred until the next meeting.

Ethical Aspects of Medical Consultation.—The recommendations of the Central Ethical Committee were discussed and adopted, but this Division suggests that, in all cases sent for consultations, any recommendations, prescriptions, etc., relating to the case be communicated direct to the medical attendant.

Paper.—J. HILL ABRAM, M.D., F.R.C.P. (Liverpool), read a note on dropsy, which was followed by a discussion, Dr. HUGH JONES, Dr. WILLIAMS (Bala), Dr. WYNN GRIFFITH, Dr. BRISTOW, and others taking part. A hearty vote of thanks was unanimously accorded to Dr. Abram for his interesting paper.

Next Meeting.—The next meeting of the Division will be held at Ciccieth in August.

PERTHSHIRE BRANCH.

A COUNCIL meeting was held in the Golf Club House, Moncrieffe Island, Perth, on Friday, June 14th, at 1 p.m., Dr. BORROWMAN in the chair.

New Member.—Charles Stuart, M.B., C.M., was duly elected a member of the Association and Branch.

The summer meeting was held at 1.15 p.m. Dr. BORROWMAN in the chair.

Apologies for Non-attendance.—The SECRETARY intimated apologies from Dr. McEwen (Crieff), Dr. D. H. Stirling, Dr. R. Stirling, and Dr. Temple.

Confirmation of Minutes.—The minutes of previous meetings were read, approved, and signed by the Chairman.

Election of Office-bearers.—The office-bearers for the ensuing year were elected as follows: *President*, Dr. McEwen (Crieff) on the motion of Dr. BORROWMAN, seconded by Dr. BURNETT; *Vice-President*, Dr. D. H. Stirling (Perth); *Secretaries*, Drs. Taylor and Trotter; *Treasurer*, Dr. Hume; *Council*, Drs. Borrowman, Govan, Lyell, Urquhart, and Haig; *Branch Representative*, Dr. Alexander Trotter was duly re-elected Branch Representative to the annual meeting.

Branch New Rules.—On the motion of Dr. URQUHART it was unanimously agreed to leave over consideration of new Branch rules till autumn.

This was all the business.

Luncheon and Golf Match.—Thereafter the members entertained golfing members from the Dundee Branch to lunch in the club house and later played the annual golf match, which resulted as follows:

DUNDEE.		PERTH.	
Dr. Wemyss ...	0	Dr. Govan ...	1
Dr. Whyte	0	Dr. Mitchell ...	1
Dr. Rogers	1	Dr. Alcock ...	0
Dr. Young	1	Dr. Haig... ...	0
Dr. Duncan... ...	0	Dr. Paton ...	1
Dr. Duncan... ...	0	Dr. Borrowman..	1
Dr. Traill	0	Dr. Burnett ...	0
Dr. Traill	1	Dr. Taylor ...	0
Dr. Gowans... ...	0	Dr. C. Stuart ...	1
Dr. McKenzie ...	0	Mr. Buist ...	1
Matches ...	3	Matches ...	6

Perth winning by three matches.

SOUTH MIDLAND BRANCH.

THE fifty-second annual meeting of this Branch was held at Bedford County Hospital on Thursday, June 20th, at 3 p.m.

Luncheon.—Previous to the meeting the President-elect, Dr. Chillingworth, entertained forty-six members and visitors to luncheon at the Grafton Rooms, Bedford.

Confirmation of Minutes.—The minutes of the autumnal meeting were read and confirmed.

President's Address.—Dr. CHILLINGWORTH delivered an address on the evolution of the general practitioner and the passing of the unqualified assistant, insisting that the young practitioner should avail himself of every means to become equipped in medical knowledge and professional manner before starting practice on his own account.

Clinical Pathology in Relation to Diagnosis and Treatment.—Mr. C. B. LOCKWOOD, Surgeon, St. Bartholomew's Hospital, gave an address on some remarks on clinical pathology in its relation to diagnosis and treatment. He asserted strongly that when a disease was once properly diagnosed, the treatment was usually quite simple. He referred to the various forms of general surgical infection, such as those caused by the diphtheria bacillus, streptococcus, *Staphylococcus aureus*, and the colon bacillus, as well as the more chronic forms due to the tubercle bacillus. In all cases of infection the blood should be examined and a culture taken on the proper media. He usually practised the use of therapeutic serums in the cases of diphtheria and streptococcus, and in the case of *aureus* he vaccinated with a sterilized solution of the organisms, which, he said, raised the opsonic index and diminished the length of the period of illness. He advocated also the freezing and microscopical examination of tumours, particularly of the breast, before operation.

Specimens.—Mr. GIFFORD NASH showed two specimens: (1) A case of removal of hydronephrotic half of horseshoe kidney in child of 16 months; (2) pregnant myomatous uterus.

BEDFORD AND HERTS DIVISION.

THE annual meeting of this Division was held at Holly Lodge, Luton, Beds, at 3 p.m. on Tuesday, June 4th.

Luncheon.—The members were previously entertained to luncheon by the Chairman (Dr. Horace Sworder).

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Election of Officers.—The following officers for the ensuing year were elected: *Chairman*, Dr. A. C. Hartley; *Vice-Chairman*, Dr. G. F. Dixon; *Honorary Secretary and Treasurer*, Dr. E. H. Cobb; *Representative for Representative Meetings*, Dr. R. H. Coombs; *Members of Branch Council*, Drs. Bower, Parbury, Spence, and Cobb; *Members of Executive Committee*, Drs. Blake, Bone, Holmes, Ross, W. A. Sharpin, and Skelding.

Paper.—Dr. JAMES STANSFIELD COLLIER, of St. George's and Queen Square Hospitals, London, read a paper on the treatment of cerebral vascular lesions. This was followed by a most interesting discussion.

Votes of Thanks.—A vote of thanks was passed to Dr. Collier for his paper, and a vote of thanks was also passed to Dr. Horace Sworder for his kindness in entertaining the members.

SOUTHERN BRANCH:

WINCHESTER DIVISION.

THE annual meeting of this Division was held at the Royal Hampshire County Hospital, Winchester, on June 6th, at 3 30 p.m.

The late Dr. Groves.—Before the business was proceeded with the following resolution was proposed by Dr. HARMAN:

> That this Division greatly deplores the irreparable loss of their esteemed member, Dr. Joseph Groves, of Carisbrook, I. of W., who for so many years was the able and valued Representative of their Branch on the Central Council, and they beg to offer their deepest sympathy and condolence to his relatives.

This was seconded by Dr. ANDREWS, and carried unanimously, the members standing.

Election of Officers.—Proposed, seconded, and carried unanimously that Lieutenant-Colonel R. H. Firth, F.R.C.S., R.A.M.C., be elected *Chairman* for the ensuing year. The following officers were also unanimously elected: *Vice-Chairman*, F. J. Child, M.D. (Winchester); *Honorary*

Secretary and Treasurer, H. J. Godwin, M.B., F.R.C.S. (Winchester); *Representative for Representative Meetings*, J. H. Gibson, Esq. (Aldershot); *Representatives on Branch Council*, H. A. Ahrens, Esq. (Basingstoke), W. A. S. Royds, Esq. (Andover). J. C. Hoyle, M.B. (Upham); *Executive Committee*, F. W. Jollye, M.D., F.R.C.S. (Alresford), E. D. Ritchie, M.D. (Chandler's Ford), G. F. A. England, M.D. (Winchester), J. F. Briscoe, Esq. (Alton), W. M. Harman, M.D., F.R.C.S. (Winchester), S. Andrews, Esq. (Basingstoke).

Annual Report.—The HONORARY SECRETARY read the annual report. Resolved:

That the report be adopted and entered on the minutes.

The New Vaccination Order.—Dr. LIVINGSTONE (Hursley) brought forward some remarks on the recent Vaccination Order of the Local Government Board and the position of the public vaccinator. A very interesting discussion followed, in which the following members took part: Colonel FIRTH, Drs. JOLLYE, HOYLE, GIBSON, ANDREWS. The following resolution was carried *nem. con.*:

That, after hearing Dr. Livingstone's description of changes by the new Vaccination Order, the members of this Division express their sympathy with public vaccinators, and will support them to the best of their ability.

Scale of Fees.—It was proposed by Dr. AHRENS:

That the scale of fees passed at the last annual meeting be rescinded, and that the Executive Committee be instructed to draw up a scale of fees for the Division to be circulated throughout the Division.

This was seconded by Dr. BRISCOE, and carried unanimously.

Ebbw Vale Dispute.—Dr. HARMAN (Winchester) appealed for a subscription on behalf of the Ebbw Vale dispute fund (Monmouth). A collection was made in the room amounting to £2 3s. 6d. The Honorary Secretary was instructed to forward this amount to the Honorary Secretary of the Monmouth Division.

The "Supplement."—Dr. HARMAN proposed:

That this Division would gladly welcome an arrangement of the BRITISH MEDICAL JOURNAL which would provide for its SUPPLEMENT being exclusively devoted to the business of the Association, and thus be more available for reference.

This was seconded by Dr. JOLLYE, and carried unanimously.

Vote of Thanks.—A hearty vote of thanks was given to Dr. Jollye, the retiring Chairman, for the excellent way in which he had carried out his duties during the past year. Dr. JOLLYE replied.

YORKSHIRE BRANCH:

BRADFORD DIVISION.

THE annual meeting of this Division was held at the Eye and Ear Hospital, Bradford, on Tuesday, June 11th, at 8.30 p.m.; Mr. BASIL HALL, Chairman, presided.

Confirmation of Minutes.—The HONORARY SECRETARY read the minutes of the last meeting of the Division, which were approved and adopted. Drs. MANKNELL, HORROCKS, and the CHAIRMAN discussed some points arising out of the minutes.

Election of Officers.—Dr. MANKNELL proposed and Dr. BECKTON seconded that the following officers and members of committees as nominated at the last meeting be duly elected: *Chairman*, Dr. H. J. Campbell; *Vice-Chairman*, Mr. Horrocks; *Honorary Secretaries*, Drs. J. Metcalfe and J. W. Willson (to act as *Treasurer*); *Representatives on the Branch Council*, Drs. Bampton, Campbell, Hall, and Metcalfe; *Executive Committee*, Drs. and Messrs. Althorp, Bronner, Clow, Craig (Bingley), Crowley, Eames, Goyder, Little, Mercer, Mitchell, Mossop, Oliver, Peck (Queensbury), Shaw (Liversedge), Sykes (Cleckheaton). Tunstall, Waugh (Skipton); *Ethical Committee*, The Chairman and Secretaries and Drs. and Messrs. Althorp, Horrocks, Manknell, H. E. Taylor, Shackleton. On being put to the vote the proposal was carried unanimously.

Report of Executive Committee.—The HONORARY SECRETARY then read the report of the Executive Committee for the year ending June 11th, 1907: Your Committee has much pleasure in submitting its fourth annual report on the work of the Bradford Division. At the time when the last annual report was presented it was considered probable that the annual general meeting of the Association would be held here during the present summer. This would have been a source of great pleasure to your Committee and have given considerable gratification to the medical profession of Bradford. But the Council of the Association decided in favour of Exeter. The year has been one of considerable general Divisional activity. No less than twelve meetings of one kind or another have taken place under the aegis of the Division. At the opening meeting held on October 9th, 1906, an address was given by the Chairman on Self-restraint in the Practice of Surgery. This excellent paper was listened to with the greatest interest by the members and was published in extenso in the JOURNAL. Dr. Dawson Williams (Editor of the BRITISH MEDICAL JOURNAL) very kindly came down to Bradford, and gave an admirable address to the Division on "Medical Journals," at a meeting held on November 23rd, 1906. Your Committee cannot do less than heartily thank Dr. Dawson Williams for the great literary treat given to the members of the Division on this occasion. The address was followed by a dinner at the Midland Hotel, at which nearly fifty members of the profession were delighted to entertain Dr. Williams as the guest of the evening. The profession was also honoured by the presence at the dinner of the Mayor of Bradford (Alderman Godwin) and the member for Central Bradford, Sir George Scott Robertson, K.C.S.I. A meeting was held on December 18th, 1906, in conjunction with the Bradford Medico-Chirurgical Society, entirely devoted to the exhibition of clinical cases and pathological specimens. A general meeting, to which all medical practitioners in the Bradford Division were invited, was held on January 8th, 1907. This meeting was called to consider suggestions of a committee of the Bradford Royal Infirmary in connexion with the working of the home patient department of that hospital. A special general meeting was convened on March 12th, 1907, to consider a resolution in connexion with the payment of medical practitioners called in to attend cases of illness occurring in children attending the elementary schools of the city, and some of the questions referred to the Division from the Council of the Association. A meeting, held conjointly with Bradford Medico-Chirurgical Society, was held on March 19th, 1907, at the Royal Infirmary for the discussion of modern midwifery. The discussion was opened by a remarkably able professional and oratorical address by Mr. J. Wherry Willson. A special meeting of great interest and importance was held at the Midland Hotel on April 9th, at which an address on states of acute mental excitement, with remarks on prognosis and treatment, was given by Dr. Bedford Pierce, Medical Superintendent of the Retreat, York. Your Committee feel sure that it expresses the feelings of the Division in again heartily thanking Dr. Pierce for his exhaustive and instructive paper. This address was followed by a most enjoyable hour spent in general social meeting. A special meeting was held on April 15th to consider the question of renewing an invitation to the Association to meet in Bradford in 1908, and also the treatment of the public vaccinators of Keighley by their Board of Guardians. The decision of the Division in the first question has already been mentioned, and your Committee is pleased to state that the Keighley guardians determined to forego the action contemplated in regard to their public vaccinators. The special meeting on May 28th considered various questions referred from the central office. Two meetings of very great importance to the medical profession have recently been held under the auspices of the Bradford Division. All the medical practitioners in the city were invited to both meetings, and large and representative gatherings resulted. They have been held to consider the questions that have arisen in connexion with the new scheme of police surgeonship in the city. Many of the duties enumerated were subjected to criticism and suggestions made for altering them. A deputation was appointed to interview the Watch Committee in connexion with the matter, and some concessions were obtained; but the main objection to the scheme has remained unaltered—the method of remuneration and its inadequacy. This has been a source of some anxiety to the Committee, and active steps have been taken to bring the whole of the profession into line on the subject. Time alone will show if they have been successful, but at any rate a strong stand has been made against the attempt, which appears to be but too general, to take advantage of

the peculiar position of medical men in matters affecting their pecuniary interests. To-day we have our annual meeting, in which some more of the questions referred from the central office are to be discussed. Seven meetings of your Executive Committee and one of your Ethical Committee have been held during the past session. Your Committees have been actuated by the desire to promote in every way the interests of the profession in general and those of the Bradford Division in particular, and to present in as little a discursive form as possible the numerous questions submitted for your consideration. The average attendance at the meetings of the Division has been 34.4, and at the meetings of the committees 8.75. The number of members of the Division at the present moment is 155. Your Committee would again like to impress on every member the importance of increasing the membership of the Division. We can only speak with that power and unanimity with which we ought if we contain the great bulk of the members of the medical profession in the district. Every member of the Division ought to make it his business to bring another new member into the Association during the coming year. Our own interests, and the large extent in which medical questions now enter into imperial and municipal politics, make it necessary for the medical profession to speak with no uncertain or halting voice. Your Treasurer will shortly submit his statement of accounts, from which it is apparent that the Division is in a sound financial position. The Branch Council has again allocated a capitation grant of 3s. per member for the working expenses of the Division. Your Committee would wish to express its thanks to the Board of Management of the Eye and Ear Hospital for its great kindness in allowing the use of its rooms for meetings during the past year. It would also suggest that some donation should be made to the hospital as an expression of your gratitude. Dr. Little, who has acted as one of the Honorary Secretaries and Treasurer ever since the formation of the Division, has, to the great regret of the Committee, found it necessary to resign his position. The time and labour given by Dr. Little to the duties he has so willingly given to the Division have been much appreciated, and your Committee is very pleased to think that he has allowed his name to remain as a member of the Executive Committee. His advice and influence will consequently be, as before, at the service of the Committee. In conclusion, your Committee wishes to express its indebtedness to the Chairman of the Division (Mr. Basil Hall) for the admirable way in which he has carried out his duties during the past year. The interest he has shown in the working of the Division, and the ability he has exhibited in guiding its debates have been evident to every member. The report was unanimously adopted.

Financial Statement.—Dr. LITTLE (Secretary and Treasurer) read the following financial statement:

1906.		£	s.	d.	1906.		£	s	d.
June 20.	Balance	17	9	0	Aug. 9.	Fox...	3	3	0
	Interest	0	2	6		Field and Sons, printers ...	5	7	6
1907.					1907.				
Feb. 1.	Dr. Bronner's cheque for 1906	24	12	0	Feb. 2.	Ditto	7	3	1
June 3.	Dr. Bronner's cheque for 1907	23	5	2	Feb. 10.	Rooms in hotel for meetings...	0	10	6
	Profit on Dr. Dawson Williams's dinner	1	14	10	April 9.	Secretaries' expenses... ...	1	0	0
						Room in hotel for meeting ...	1	1	0
					June 11.	Field and Sons, printers ...	2	18	9
						Treasurer's expenses... ...	0	7	6
						Balance	45	12	0
	Total	67	3	4		Total	67	3	4

The balance includes £11 18s., which is the money left to the Division by the late Medico-Ethical Union for special purposes.

Dr. HORROCKS suggested that the moneys belonging to the old Medico-Ethical Union should be kept as an absolutely separate account to that of the general Divisional funds. Dr. MANKNELL strongly supported this suggestion. Dr. SHACKLETON agreed with the last two speakers. Dr. LITTLE explained that the moneys of the Medico-Ethical Union were kept as a separate account already in the Divisional books. The financial statement was then adopted *nem. con.*

Vote of Thanks to Honorary Secretary.—The CHAIRMAN said there was one person who was not thanked in the report for the great amount of work he had done for the Division, and that was the Honorary Secretary, Dr. Metcalfe. The large amount of time and labour he had given to the Division could only be considered a labour of love. He wished to propose that a hearty vote of thanks should be given to Dr. Metcalfe for his great services to the Division. Mr. WHERRY WILLSON, in seconding, said that the Bradford medical profession had been accustomed for so many years to seeing Dr. Metcalfe's name appended to circulars that they thought it the natural thing, but they had little idea of the labour involved. Dr. MITCHELL wished to support the proposal. As an honorary secretary himself, he could testify to the enormous amount of work done by Dr. Metcalfe. On being put to the meeting, the motion was carried unanimously. Dr. METCALFE, in returning thanks, said that he was only too anxious to see the medical profession working unitedly for the aims they had in view. It was his greatest wish to bring as many new members as possible into the British Medical Association.

Place of Meeting.—Dr. METCALFE proposed, and Dr. BECKTON seconded:

That a donation of two guineas be given to the Eye and Ear Hospital for the use of the rooms for meetings.

Drs. MUNRO and MITCHELL discussed the question. Dr. SHACKLETON thought that all the meetings ought to be again held at the Great Northern Hotel, as in the old Medico-Ethical Union days. The proposition was carried.

Hospital Administration.—The specific questions on hospital administration were then discussed. (1) Mr. HORROCKS proposed, and Mr. W. WILLSON seconded, that "'No' should be the reply to this question." Carried *nem. con.* (2) Dr. MITCHELL considered that this question would be coming up again shortly in connexion with the Bradford Royal Infirmary. He considered that subscribers' letters should be entirely abolished, and an officer appointed to investigate all cases carefully. The CHAIRMAN remarked that if recommendations were strictly limited many people would not be able to obtain them. The Infirmary would probably give them up, but Bradford subscribers expected some *quid pro quo.* In Leeds recommendations were given if desired, but were not necessary. Mr. HORROCKS remarked that a doctor's note or card was always received as a recommendation. Subscribers' letters would probably die out in time. Dr. MANKNELL thought that Leeds and Bradford could not be compared. One was an infirmary and one an infirmary and dispensary. Subscribers' letters were perhaps necessary for dispensary patients, but were a farce for hospital patients proper. Dr. CLOW thought recommendations an abuse, and that they should be abolished. The CHAIRMAN explained that recommendations were not at present compulsory in Bradford. Dr. CAMPBELL suggested that recommendations were more or less of a guarantee of the subscriber that the patient was suitable for hospital treatment. In this way a recommendation ought to be an advantage. But the method had been much abused. Eventually Dr. METCALFE proposed, and Dr. HORROCKS seconded, that the reply to question 2 be "No." Carried *nem. con.* (3) Dr. HORROCKS considered that it was sometimes very difficult to make full inquiry into a patient's circumstances. He proposed that inquiry should be made when possible. Dr. MITCHELL seconded. Carried *nem. con.* (4) Dr. HORROCKS proposed, and Dr. MITCHELL seconded, that "No" be the answer to this question. Carried *nem. con.* Dr. BEATTON knew of cases unsuitable from a pecuniary point of view being treated at the Bradford Eye and Ear Hospital. Dr. BRONNER suggested that all patients with a doctor's recommendation should be seen first.

Ethical Aspects of Medical Consultation.—The HONORARY SECRETARY read the headings of the various questions and remarked that nearly all the matters suggested had been part of their rules since the foundation of the Division and had been taken over from the Medico-Ethical Union. The CHAIRMAN thought it impossible to go through all the questions seriatim. Dr. MITCHELL wished to raise the question of consultations at the consultant's house. The number of these ought to be limited. Dr. BRONNER thought that the general practitioner too often forgot that it was the greatest desire of the consultant to keep on friendly terms with him. Consequently if he occasionally did things the general practitioner did not appreciate they were unintentional. Dr. MITCHELL said what he particularly wished to draw attention to was the supersession of the general practitioner by the consultant. Dr. CAMPBELL

thought there was no way out of the difficulty without altering the present system to one in which no patient should be seen without a letter from his doctor. But patients sometimes said they were not under treatment, or were changing their doctor. Dr. MUNRO then proposed and Dr. METCALFE seconded that the recommendations be adopted as suggested. This was carried *nem. con.* The meeting then terminated.

HARROGATE DIVISION.

THE annual meeting of this Division was held at the Hotel Majestic, Harrogate, on Saturday, June 15th, at 5.45 p.m., Dr. MOUILLOT in the chair.

Confirmation of Minutes.—The minutes were read and confirmed.

Associates.—Members attending were elected associates for the day.

Election of Officers.—The following officers were elected: *Chairman*, Dr. Edgecombe; *Vice-Chairman*, Dr. Green; *Honorary Secretary*, Dr. Gibson; *Representative for Representative Meeting*, Dr. Daggett; *Representative for Branch Meeting*, Dr. Solly; *Executive Committee*, Drs. Chamberlain, Collier, Daggett, Garrad, Holroyd, Lever, Mackay, Rutherford, Solly, W. B. Watson, W. M. C. Watson.

Paper.—Dr. GIBSON then read a paper on the advisability of planting the now disused sewage farm in Ripon Road as Pine Woods, and making the Oak Beck into ornamental water. The proposition was cordially supported.

Draft Charter.—The draft Charter was considered.

Hydropathic Institutions.—The ethics of the hydropathic institutions were discussed.

Dinner.—The members and friends of the Division dined together, and were joined by the members of the Science Committee of the British Medical Association, a number of ladies being guests on the occasion; forty-six sat down. After dinner an entertainment was provided by the Chairman.

☞ *To ensure the insertion of notices in this column, they must be received at the Central Offices of the Association not later than the first post on Tuesday.*

Association Notices.

COUNCIL MEETING.

A MEETING of the Council will be held at 2 o'clock in the afternoon of Wednesday, July 3rd, in the Board Room of the Metropolitan Asylums Board, by kind permission of the Board. The offices of the Metropolitan Asylums Board are situate on the Victoria Embankment at the corner of Carmelite Street and near Blackfriars Bridge.

GUY ELLISTON,
General Secretary.

June 13th, 1907.

THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

IMPORTANT NOTICE.

OWING to the rebuilding of the Association premises in the Strand the Library is closed, but at the Temporary Offices of the Association, 6, Catherine Street, Strand (adjoining Drury Lane Theatre), a Reading and Writing Room is provided. The Room will be open from 10 a.m. to 5 p.m., except on Saturdays, when it will be closed at 2 p.m.

BRANCH AND DIVISION MEETINGS TO BE HELD.

DORSET AND WEST HANTS BRANCH.—The summer meeting of this Branch will be held in Ringwood on Wednesday, July 3rd. A paper will be read by Dr. E. Hyla Greves on Myelopathic Albumosuria. Dr. Marriner (Vice-President) will introduce a discussion on Chronic Otitis Media. *This* JOURNAL *notice is the only intimation of the meeting.*—JAMES DAVISON, "Streateplace," Bath Road, Bournemouth, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—*Hampstead General Hospital.* In view of important developments which have arisen since the last meeting of the local profession on this subject (May 24th), and which threaten to bring about the extinction of the Hampstead Hospital as a local institution, the Committee of the local profession appointed on May 24th, 1907, have decided to call a special meeting to consider the resolution given below. As the matter has now reached a crisis, it is essential that medical men of the neighbourhood should attend in large numbers, so that a definite line of action may be taken. The meeting will be held, under the auspices of the Hampstead Division, on Wednesday, July 3rd, at 4 30 p.m., in the Lecture Room of the Hampstead Conservatoire, Swiss Cottage, N.W., Dr. Pidcock, Chairman of the Hampstead Division, in the chair. Agenda: To consider the following resolution: "That this meeting considers that the Hampstead Hospital should always have a visiting staff of local practitioners; and, in consideration of this opinion, calls upon the members of the medical profession to refuse to accept any office on the staff on terms which are not considered satisfactory by the local profession." [N B —*The meeting of the Hampstead Division announced for July 12th will not take place.*]—R. A. YELD, 29, Platt's Lane, Hampstead, Honorary Secretary.

NORTH OF ENGLAND BRANCH.—The annual meeting of this Branch will be held at the Town Hall, Gateshead-on-Tyne, at 2 30 p m. on Wednesday, July 3rd. The President-elect (Dr. Alfred Cox) and the members of the Gateshead Division offer a very hearty welcome to the members of the Branch, and will be delighted to see as many of them as possible.—HENRY SMURTHWAITE, Honorary Secretary, 8, St. Mary's Place, Newcastle-on-Tyne.

NORTHERN COUNTIES OF SCOTLAND BRANCH.—Nominations for a Representative of the Branch on the Central Council of the Association. In accordance with By-law 24 nominations duly signed by three electors must be sent to me not later than June 29th.—MUNRO MOIR, Honorary Secretary.

NORTH WALES BRANCH.—The annual meeting of this Branch will be held at Machynlleth on Tuesday, July 16th. Members having papers to read, specimens or cases to show, are requested to notify the Honorary Secretary before July 4th.—H. JONES ROBERTS, Llywenarth, Penygroes, Honorary Secretary.

SOUTH-EASTERN OF IRELAND BRANCH.—A meeting of this Branch will be held at the Club House, Carlow, on July 3rd, at 5.30 p m. Agenda: (1) Minutes. (2) Correspondence. (3) Any other business.—J. QUIRKE, Honorary Secretary.

ULSTER AND CONNAUGHT BRANCHES.—Nominations for Central Council. Two members to represent these Branches (combined) on the Central Council will be elected on June 29th.—CECIL SHAW, M.D., Honorary Secretary, College Square, Belfast.

ULSTER BRANCH.—The annual meeting will be held in the Medical Institute, Belfast, on Saturday, June 29th, at 11.30 a.m.—CECIL SHAW, M.D., Honorary Secretary, College Square, Belfast.

Vital Statistics.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,733 births and 3 915 deaths were registered during the week ending Saturday last, June 22nd. The annual rate of mortality in these towns, which had been 14 5, 13.7, and 13.1 per 1.000 in the three preceding weeks, further declined to 12.7 per 1.000 last week. The rates in the several towns ranged from 5.7 in Croydon, 7 0 in Hastings, 7.5 in Hornsey, 7.6 in East Ham and in King's Norton and 7.8 in Southampton, to 17.1 in Bolton and in Merthyr Tydfil, 18.5 in Grimsby, 20.5 in Middlesbrough, 20.6 in Oldham, 20.9 in Huddersfield, and 24.1 in Wigan. In London the rate of mortality was 12.7 per 1,000, while it also averaged 12.7 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.2 per 1,000 in the seventy-six towns; in London this death-rate was equal to 1.3 per 1,000, while it ranged upwards to 2.5 in Derby and in Rotherham, 4.8 in Bolton, 5.9 in Wigan, and 6.1 in Middlesbrough. Measles caused a death-rate of 1.7 in Sunderland, 2.5 in Derby, 2 9 in Bolton, 4.1 in Middlesbrough, and 4.7 in Wigan; scarlet fever of 1.4 in Newport (Mon); and whooping cough of 1.1 in St Helens, 1.2 in Wigan, and 1 4 in Bolton. The mortality from diphtheria, from "fever," and from diarrhoea showed no marked excess in any of the large towns. No fatal case of small-pox was registered during the week, and no small-pox patients were under treatment in the Metropolitan Asylums Hospitals. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 2,824, 2,862, and 2,937 at the end of the three preceding weeks, had further increased to 2,986 at the end of last week; 414 new cases were admitted during the week, against 437, 368, and 389 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

DURING the week ending Saturday last, June 22nd, 1,021 births and 600 deaths were registered in eight of the principal Scottish towns. The annual rate of mortality in these towns, which had been 16.7, 19.0, and 17.2 per 1,000 in the three preceding weeks, was 17.3 per 1,000 last week, and was 4.6 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scottish towns the death-rates ranged from 10.5 in Perth and 13.2 in Greenock to 18 1 in Leith and 21.7 in Dundee. The death-rate from the principal infectious diseases averaged 2.4 per 1,000 in these towns, the highest rates being recorded in Dundee and Leith. The 289 deaths registered

in Glasgow included 4 which were referred to measles, 19 to whooping-cough, 2 to "fever," 12 to diarrhoea, and 5 to cerebro-spinal meningitis. Two fatal cases of measles, 4 of whooping-cough, 3 of diarrhoea, and 5 of cerebro-spinal meningitis were recorded in Edinburgh; 4 of whooping-cough and 5 of diarrhoea in Dundee: 5 of whooping-cough in Aberdeen, and 3 in Paisley; and 2 of diarrhoea in Leith.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, June 8th, 540 births and 416 deaths were registered in six of the principal Irish towns, as against 593 births and 398 deaths in the preceding period. The annual death-rate in these towns, which had been 19.6, 16.0, and 20.3 per 1,000 in the three preceding weeks, rose to 23.7 per 1,000 in the week under notice, this figure being 10.0 per 1,000 higher than the mean annual rate for the seventy-six English towns for the corresponding period. The figures ranged from 16.4 in Limerick and 17.1 in Cork to 23.9 in Dublin and 39.0 in Waterford. The zymotic death-rate in the same six Irish towns averaged 0 9 per 1,000, or 0.2 per 1,000 higher than during the preceding period, the highest figure—2.3—being recorded in Belfast, while Cork, Londonderry, and Limerick registered no deaths under this heading at all. In Belfast 9 deaths were returned as due to cerebro-spinal fever and 1 as due to cerebro-spinal meningitis.

During the week ending Saturday, June 15th, 517 births and 379 deaths were registered in six of the principal Irish towns as against 540 births and 416 deaths in the preceding period. The annual death-rate in these towns, which had been 16.0, 20.3, and 23.7 per 1,000 in the three preceding weeks, fell to 18.0 per 1,000 in the week under notice, this figure being 4.9 per 1,000 higher than the mean annual rate for the seventy-six English towns for the corresponding period. The figures ranged from 10 9 in Limerick and 13.5 in Londonderry, to 21.4 in Waterford and 24.3 in Dublin. The zymotic death-rate in the same six Irish towns averaged 0.8 per 1,000, or 0 1 per 1,000 lower than during the preceding period, the highest figure—1.9—being recorded in Waterford, while Cork, Londonderry and Waterford registered no deaths under this heading at all. In Belfast 12 deaths were ascribed to cerebro-spinal fever, and 3 to cerebro-spinal meningitis. In Dublin 5 deaths were returned as due to the former disease.

BILL FOR THE EARLY NOTIFICATION OF BIRTHS.

THE Bill for the Early Notification of Births introduced into the House of Commons by Lord Robert Cecil on April 23rd was amended by the Standing Committee. The following is the text of the Bill in its present form; further particulars with regard to the parliamentary position of the Bill will be found in the Medical Notes in Parliament this week.

A Bill [as Amended by Standing Committee A] to Provide for Early Notification of Births.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. *Provisions for the Earlier Notification of Births.*—The provisions of this section shall have effect in the area of any local authority in which this Act is adopted by that authority in accordance with the provisions of this Act:

(1) In the case of every child born in an area in which this Act is adopted it shall be the duty of the father of the child, if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of, or within six hours after, the birth, to give notice in writing of the birth to the medical officer of health of the district in which the child is born, in manner provided by this section.

(2) Notice under this section shall be given by posting a prepaid letter or postcard addressed to the medical officer of health at his office or residence, giving the necessary information of the birth within thirty-six hours after the birth, or by delivering a written notice of the birth at the office or residence of the medical officer within the same time; and the local authority shall supply without charge addressed and stamped postcards containing the form of notice to any medical practitioner or midwife residing or practising in their area, who applies for the same.

(3) Any person who fails to give notice of a birth in accordance with this section shall be liable on summary conviction to a penalty not exceeding twenty shillings: Provided that a person shall not be liable to a penalty under this provision if he satisfies the court that he had reasonable grounds to believe that notice had been duly given by some other person.

(4) The notification required to be made under this Act shall be in addition to and not in substitution for the requirements of any Act relating to the registration of births; and any registrar of births and deaths whose subdistrict or any part thereof is situate within any area in which this Act is adopted shall at all reasonable times have access to notices of births received by the medical officer of health under this Act, or to any book in which those notices may be recorded, for the purpose of obtaining information concerning births which may have occurred in his subdistrict.

(5) This section shall apply to stillborn children as well as to children born alive.

(6) Any expenses incurred by a local authority in the execution of this Act shall be paid as part of the expenses of that authority in the execution of the Acts relating to public health, and in the case of a rural district council shall be paid as general expenses.

2. *Adoption of Act, and Definition of Local Authority.*—(1) A local authority may by resolution adopt this Act in their area, and the provisions set out in the schedule to this Act shall have effect with respect to the resolution of adoption.

(2) A resolution of adoption shall not take effect until the consent of the Local Government Board has been obtained thereto.

(3) It shall be the duty of any local authority by whom this Act is adopted, as soon as the consent of the Local Government Board is given to the resolution of adoption, to bring the provisions of this Act to the attention of all medical practitioners and midwives practising in their area.

(4) In this Act, the expression "local authority" means the council of a borough (including the council of a metropolitan borough and the mayor, aldermen, and commons of the City of London in common council assembled), and the council of an urban or a rural district.

3. *Power of Local Government Board to put Act in Force in the Area of any Local Authority.*—The Local Government Board may by order declare that this Act shall be in force in the area of any local authority who have power to adopt the Act, although it has not been so adopted, if they think it expedient, having regard to the circumstances of the area, and in that case the order of the Local Government Board shall have the same effect for the purpose as a resolution of adoption duly passed by the local authority of the area and assented to by the Local Government Board.

4. *Application to Scotland.*—In the application of this Act to Scotland—

(1) The expression "Local Government Board" means the Local Government Board for Scotland.

(2) The expression "subdistrict" means parish or district.

(3) The expression "local authority" and the expression "council" mean the local authority under the Public Health (Scotland) Act, 1897.

(4) An offence may be tried before the sheriff or before any magistrate of a royal, parliamentary, or police burgh officiating under the provisions of any local or general Police Act; and an offender failing to make payment of a penalty shall be liable to imprisonment in terms of the Summary Jurisdiction Acts.

5. *Application to Ireland.*—In the application of this Act to Ireland, the Local Government Board for Ireland shall be substituted for the Local Government Board.

6. *Short Title.*—This Act may be cited as the Notification of Births Act, 1907.

SCHEDULE.

RESOLUTION OF ADOPTION.

1. A resolution of adoption must be passed at a meeting of the council.

2. One calendar month at least before the meeting of the council special notice of the meeting and of the intention to propose the resolution shall be given to every member of the council.

3. A resolution of adoption after being passed shall be published by advertisement in some one or more newspapers circulating within the area of the council by whom the resolution is passed, and otherwise in such manner as the council thinks sufficient for giving notice thereof to all persons interested.

4. A copy of the resolution of adoption shall be sent to the Local Government Board.

5. The resolution of adoption shall come into operation at such time, not less than one month after the first publication of the advertisement, as may be fixed by the Local Government Board.

METROPOLITAN COUNTIES BRANCH.

AT the request of the Westminster Division, a special general meeting of the Metropolitan Counties Branch was held at St. James's Vestry Hall, Piccadilly, on Thursday, June 6th, 1907, to discuss the advisability of constituting a central hospital authority for London. Dr. FREDERICK TAYLOR occupied the chair.

A CENTRAL HOSPITAL AUTHORITY FOR LONDON.

The CHAIRMAN, in opening the proceedings, said the paragraph on the agenda—

If this resolution is approved by the meeting, the Branch Council will be asked by further resolutions to appoint a Committee and provide the funds necessary for the promotion of this object—

was not quite in accordance with Rule 13 of the Metropolitan Counties Branch, which stated that at least seven days' notice was to be given of the meeting, and the exact terms of the resolution were to be stated. The terms of the resolutions had not been stated, and therefore no such resolutions could be submitted. He did not think it was a serious matter, because it was quite obvious that if the resolution for which the meeting was summoned was passed, it would have to come before the Council of the Branch, and they would be bound to consider it. He did not say they would agree to it; but of course they could not give any instructions to make the Council do exactly what they wished. The management of the Branch was in the hands of the Council, and it would be for them to consider what it was desirable to do upon receiving the recommendation of that meeting. Of course, if they sent a strong recommendation that they wished a particular course adopted, the Council must take it into proper consideration and deal with it as they thought fit.

Dr. HASLIP said he thought it only right that the meeting should know that when the Westminster Division gave notice under Rule 13 they withdrew their application, so as to enable the Branch to give legal notice of the meeting, and that was why the wording of the resolution had been omitted from the notice. But he would like to know, if the resolution was carried, whether it would be possible for them to make a request to the Branch that certain funds should be granted.

The CHAIRMAN said it was quite open for them to make a request which was not in the form of a resolution.

Dr. KNOWSLEY SIBLEY said that a meeting of the Westminster Division was held on March 13th, at which a long discussion on the suggested formation of a Central Hospital Board for London took place. The Division unanimously decided to request the Council to call a meeting of the whole Branch to determine what practical steps should be taken towards this object. With this aim in view he had again been asked to introduce the discussion. At the meeting referred to, a lay speaker said that he considered the present unsatisfactory position of our hospitals and their encouragement of abuse was largely due to the medical profession, and therefore he looked to it to find a remedy. It was proposed, in the first place, to take a rapid glance into a few of the more prominent points in the present uncontrolled hospital system, and then to see in what way these could be improved upon under an efficient central and guiding organization. It must be clearly understood it was not in any way intended to attack hospitals individually, but the systems under which they were to-day administered in this country. The defects pointed out were largely the result of comparing the methods on the Continent with those of Great Britain.

HOSPITAL ABUSE.

Until there was some central control it was pure waste of time speaking of hospital abuse, for with the present competition among hospitals, how could they exist without encouraging most flagrant abuse? If one hospital made any attempt at inquiry into its patients by a properly educated almoner, those rejected at once went to the next hospital, where they were received with open arms. The former institution lost its subscriptions because it could no longer appeal to a deluded public that it had relieved so many thousands of suffering humanity. What support the better-conducted reformed institution lost the more abused one gained.

The subject of a central control might be considered from three points of view:

1. The hospitals and their subscribers.
2. The patients.
3. The medical profession.

I. THE HOSPITALS.

Each hospital was practically a private body of individuals or small company, with unlimited liability; the committees, or boards of management, elected themselves from the governors—that is, ordinary subscribers of a guinea a year upwards. These well-meaning persons became a board of irresponsible directors, each board believing its administrative powers to be vastly superior to any of its neighbours, and naturally resisting any attempt at outside inquiry or suggestions. Each institution had to compete with all others, especially in the way of advertisements, to attract public attention to its wants, the two chief recommendations being that the hospital was so mismanaged as to be many thousands of pounds in debt, and that, being quite unable to afford to do so, it had treated large numbers of out-patients with drugs. Generally speaking, all those who could not have paid a private doctor required food and nourishment rather than medicine for the alleviation of their symptoms, and were cases for the Poor-law administration. The deplorable ignorance of many hospital committees over business matters had of late been pointed out by capable city men, who, after years of service on boards, had resigned in disgust at the hopelessness of the whole situation.

There had recently been considerable correspondence in the BRITISH MEDICAL JOURNAL on the decadence of the London Medical Schools, revealed by the fact of the rapid and persistent decrease in the number of students entering each year. These figures had, according to Dr. Hunter, come down from 476 in 1880 and 477 in 1881 to only 253 in 1906. In other words, the entries in London schools have fallen continuously from 38 per cent. in 1866 to 22 per cent. in 1906. During that period Cambridge University had risen from 2 per cent. in 1866 to over 4 per cent. in 1880 and to nearly 10 per cent. in 1906, and Edinburgh from 8 per cent. in 1866 to over 17 per cent. in 1880, and still stood at 15 per cent.

As long as there was no combination among hospitals and their medical schools this state of things must continue, until there would not be enough London students to fill the various hospital appointments, and then, perhaps too late, the eyes of the authorities would be opened.

The crowding of hospitals into wealthier districts where they were not wanted, and their absence from the poorer parts, where they were sadly required, was another glaring error.

So also the incessant springing up of so-called "mushroom hospitals" all over the metropolis, usually of a distinctly proprietary nature in the first instance. Provided the scheme was idiotic enough the happy promoter has no difficulty in gulling society to push him into prominence.

Each hospital, however small, had its own complement of paid officials, secretaries, clerks, collectors, stewards, chaplains, etc., whereas one staff of these functionaries could very well administer several institutions.

The only economical department was the unpaid medical and surgical staff, but for the work of whose brains the hospitals could not be carried on at all.

Again, each hospital bought its own commissariat and other necessities, such as drugs, surgical dressings, and instruments, from its own small tradesmen, whereas, if these were bought in bulk, considerable saving would be effected.

The daily papers at this season of the year were full of reports of the after-dinner speeches delivered at hospital festivals and bazaars, and they were nauseated with the plausible humbug spoken by many of the chairmen on these occasions. One and all hid themselves in clouds of oblivious contentment as to their own particular administration, and attempted to delude their supporters as to the total absence of abuse at their individual institutions. A few weeks ago the euphemistic chairman of one of the hospitals had the misfortune to write a letter to the BRITISH MEDICAL JOURNAL, in which he said with reference to the specific recommendations of their Hospital Committee, "that every one of the model principles is in

force at his hospital, and was so before the meeting of the Committee."

How any one, except in total ignorance of the facts, could have made such a statement was beyond comprehension.

Hospitals had ceased to be charitable institutions. Many of the annual subscriptions received by the hospitals were paid by business houses as a form of insurance, in order to provide for the unlimited free treatment of their employees in case of accident or illness; and so with some private individuals, who gave their few guineas a year to the nearest hospital to ensure the free treatment of any of their servants. The profession was asking, Where was the charity in these subscriptions? No; they were good business investments, and the medical profession had always been a willing tool to be exploited by a grasping public. This pursuit of business under the cloak of charity was daily becoming a more and more common feature of our age.

With the new Employers' Liability Act just coming into operation the insurance companies would doubtless become subscribers to hospitals, in order to obtain free treatment for the cases thrown on their hands.

II. THE PATIENTS.

Hospitals were intended and were still supported for the relief of the necessitous poor. This was, however, the very class whose attendances might be numbered by hundreds, compared to the thousands of well-to-do people who crowded every out-patient department, and whose keen business propensities superseded their sense of honour, who spent their lives imposing on the charitable public and the hospital authorities. At some, especially the special departments, this idle class crowded out the hard-working, deserving poor, who had not the time at their disposal to spend half the day waiting for a hurried consultation by the visiting physician or surgeon. So, again, the beds were largely occupied by patients quite able to afford to pay for their treatment, a large percentage of whom came long distances, and did not live in the district from which the hospital should be receiving its clientele.

III. THE MEDICAL PROFESSION.

(a) *The Hospital Staff.*

Of recent years hospital after hospital had instituted the obnoxious principle of payments by patients.

Staff after staff had met and unanimously condemned the system, but this was as far as their moral courage permitted them to go. They pocketed their pride, stifled their consciences, and blindly submitted and obeyed the dictation of the lay Committees, as to the terms on which they should tender their gratuitous services to the public.

Objections had been raised to the payment of hospital staffs, because they might then become the paid servants of a public or Government department. Many, however, would prefer to be the servants of a State department, with its red tapeism, than to be the slaves of lay committees as at present constituted.

The hospital staff was usually overworked through having to see an unlimited number of trivial cases, the majority of which could be as well attended to by the outside practitioners, and required no special skill either for their diagnosis or treatment.

(b) *General Practitioners.*

The hospitals by charging small fees to out-patients entered into unfair competition with the local general practitioners, who in many instances could not afford to attend patients for a smaller fee than 1s. including medicine, whereas the hospitals often only charge 6d.

CENTRAL HOSPITAL BOARD.

In the year 1892 a Select Committee of the House of Lords recommended the formation of a Central Board. It did not consider that such a Central Board should be given any statutory powers as regards the formal licensing of any hospital built or about to be built. It recommended that the proposed Central Board should be granted a charter to entitle it to receive endowments, legacies, bequests, and contributions for distribution to medical charities and to meet its own necessary expenses. It suggested it should consist of 49 representatives, and that it should assist and work with the managers of the Hospital Saturday and Sunday Funds.

In 1895 and 1896 Colonel Montefiore, of the Charity Organization Society, read papers at special meetings of the Council of that body on the need of a Central Hospital Board for London, the result of which was that in 1896 and 1897 the Charity Organization Society brought forward its scheme for the formation of a Central Hospital Board. A large General Committee was formed, largely composed of prominent medical men, and from this a smaller Executive Committee was elected.

Several meetings were held during this period, and a workable scheme was evolved, whose chief points were as follows:

It gave to each hospital definite representation on the General Board.

It suggested reliance, not on legal compulsion but on co-operation and publicity.

It proposed the formation of a fund for the large and liberal aid of hospitals for special purposes, rebuilding, etc

The Hospital Sunday Fund was started in 1873, and has now done something towards improving hospital administration, for after twenty years' hard work it introduced a uniform system of accounts. The Fund had also done a good deal to improve the methods of publishing and auditing of accounts, had established economy in management in certain cases, and of course had assisted the financing of many institutions. The Distribution Committee in awarding its grants took into consideration the amount of work done, and so unfortunately encouraged the hospitals to make as large a show as possible of the number of out-patients and casualties.

The Fund had attempted to do good by encouraging the appointment of almoners for the out patient department, but as no limit was usually placed on the number of patients seeking advice, the impracticability of to any extent checking abuse was at once obvious. So also the impossibility of inquiring into the better-class patients bringing subscribers' letters made even this attempt in many cases useless.

The following year, 1874, notwithstanding the opposition of the medical press, the *Hospital Saturday Fund* was established.

This fund differed from the others in that it was a purely business corporation with no pretence at charity, and openly exacted its *quid pro quo* in the way of hospital letters, and thus deterred the better members of the artisan class from joining provident dispensaries and medical clubs, by presenting them with hospital letters and encouraging them to seek advice at the hospital.

In February, 1897, the *Prince of Wales* announced his intention of opening a Hospital Fund for London in commemoration of the Queen's Jubilee

King Edward's Fund, although the last to be formed, had already outstripped the other two, not only in the matter of capital, but in its attempts to control the administration of hospitals by practical pressure, owing to its power of the purse.

It had instituted visitors who went personally to all the hospitals receiving grants at its hands, who, after inspection on the spot, drew up reports and recommendations. In some cases it had been remarked that its advice and recommendations were repeated year after year, but with no result.

It insisted on a uniform system of accounts, had brought about the amalgamation of several hospitals and groups of hospitals, opened many beds which were closed for want of funds, vetoed the building of new hospitals where they were not wanted, assisted the migration of some to more necessary situations, and in many ways had made its voice heard for the better administration of numerous institutions.

He had already dealt with the unnecessary and extravagant expenditure of hospitals competing one against the other, and showed how, if they were to combine, an enormous saving would result. Much the same might be said of the three chief hospital funds—King Edward's, Hospital Saturday, and Hospital Sunday Funds. Each has to keep up its separate administration, and to all intents and purposes advertise for support in competition with the other Funds.

If these three large bodies were to amalgamate or in some way combine, there would be a large saving in expense, and united they would have a much greater power to control and supervise hospital expenditure.

Of recent years the *British Medical Association* had taken up the hospital question, and had done much useful, solid work through its Hospitals Committee.

This had drafted a number of propositions and rules for the guidance of those hospitals whose Boards were obliging enough to adopt them, especially with regard to the out-patient department. The Metropolitan Counties Branch formed its Medical Charities Subcommittee to deal with the same subject.

The Association, therefore, had now collected a large number of facts, and should be in a position to be of great assistance in any proposed scheme for the formation of a Central Hospital Board for London.

A great central body once formed could stop the abuse and misuse into which our hospitals have allowed themselves to drift, and would restore them to the proper place they should hold in our social organization, and rescue them from their lamentable present position of pauperizing agents. King Edward's Fund had done much towards uniting the hospitals under one system of administration. It should now take the lead by uniting or, if necessary, by absorbing the other competing Funds, and so strengthening still further its financial position. It would then be a force whose recommendations no self-respecting institution could refuse to obey, and whose power for good would be increased enormously, and it would then, indeed, have proved itself worthy of its founder.

Should it be found that there were practical difficulties which formed an insuperable obstacle to the amalgamation of the bodies already existing, a new association should be formed composed of representatives from each of the Funds; this would get over the possible objections, and would have the same result in the end.

The public and the profession were tired of the everlasting special appeal for funds, and the hospitals must now be rescued from the hands of competing groups of irresponsible individuals, and from the narrow cliques of many of the medical and lay committees, and placed under proper control of a central and responsible authority.

If the resolution for the formation of a central authority to be brought forward to-day were carried, it was proposed to ask the Branch Council to form a small committee for the purpose of drawing up a practical scheme. He therefore did not elaborate one, but obviously for any council to be workable it must be representative, and not be too large; for this purpose he would propose giving a representative for each of the larger hospitals; and all the smaller, both those with and those without schools, and all the special hospitals, would be placed together in groups, and each group would select a representative to serve on a central council. They looked forward to the day when, through the influence of a central authority, the present unfortunate and demoralized competition would be replaced by a system of mutual aid among hospitals. He therefore moved the following resolution:

> That in the opinion of this meeting of the Metropolitan Counties Branch of the British Medical Association, it is desirable, with a view of abating the present abuse of hospital charity, that a central hospital authority for London be constituted upon which the medical profession is adequately represented.

Dr. LAURISTON SHAW, in seconding the resolution, said he felt it was his duty to take what part he could in furthering the objects which the meeting had in view. As the Chairman of the Marylebone Division during the last twelve months, it had been his pleasure to preside over what for them was a rather large meeting, which expressed a very competent opinion that concerted action should be taken to check the flow of unnecessary charity. As a co-opted member of the Hospitals Committee of the Association, it had been his duty in the last two years to take some part in drawing up regulations for the administration of hospitals in all parts of the kingdom. He believed it was Richard Cobden who said that action should follow swiftly upon conviction. No one could blame the British Medical Association or the medical profession for acting too hastily upon that precept. Seventy years ago Queen Victoria came to the throne. In that year the Committee of what was then the infantile British Medical Association presented a very important report drawing attention to the injustice to the medical profession that they should be expected not only to take their part in paying the rates for the Poor Law and in subscribing to charities, but should also be expected, either as private practitioners or as members of hospitals, to give their services to the sick poor whenever they were asked. He could not help thinking that if any of the members of that Committee were to return to-day they would feel that the condition of things in London demanded even more stringent remarks than it did in 1837. If they were now to take active measures, after considering the question for over seventy years, they ought carefully to consider how their action should be effective. It seemed to him that there were only two possible ways. One was through professional union. It might possibly be that the majority of the profession would ultimately be able to exercise so much control over its individual members that they would prevent an individual member giving his services upon terms which they thought were bad for the profession and not good for the public. That was a possible way of being effective in their attempt to stop abuses, and he had no doubt that ultimately that would come. He thought that the reorganization of the British Medical Association five years ago had been the first step towards professional union. But there was another way, and while that was only quietly and rather slowly coming into effect, they must not neglect other means. Another means would be by the establishment of some central authority with power to control the lay administration of hospitals. It was such an authority as that that they were hoping to take some steps towards establishing; a central authority was no new idea. But there were just three points that he would like to make with regard to that central authority. In the first instance, if they did have any central authority, it must be an authority; it would not be enough that it should simply be a central board or a central advisory committee. It was absolutely essential that power should be given to that body to control the administration of hospitals. He would not go quite so far as the mover of the resolution had gone, perhaps, in seeing such desperately evil things taking place at hospitals, but however well they were managed it could not be expected that individual hospitals could co-ordinate their actions unless there was some central authority to secure such co-ordination. The central authority must have money. He did not think it was at all likely they could get any central authority set up by the State except a central authority that had the power of the purse. It would be for the Committee to consider how to secure that power of the purse. The next point he would like to make was that the central authority must have on it representatives of the medical profession. If the desire of the Committee which reported seventy years ago had been secured and the medical profession had given their services to medical charities on proper terms, if they had demanded that they should be paid for their services, which he thought would be a most admirable thing and was an end to which they ought ultimately to attain, then it would have been quite right for the lay authority to manage them; but under existing conditions, when every guinea subscribed by the charitable public was capped by two or three guineas of work given by the medical profession, it was only reasonable that the medical profession should have a very substantial voice in the administration of medical charity. The last thing that he wished to point out was that they must have that central authority now; they had waited long enough for it. Not only must they have it because they wanted it to organize the administration of medical charity, but they ought to have it now as an indication to the public that the profession was really a powerful body. After talking so long about it, if they failed to get that authority, they would admittedly be a feeble body of fortuitous atoms that the public could do what they liked with. They had said they desired it, and they must have it, or their position in regard to the public would be a very feeble one indeed. He therefore hoped that they would pass the resolution, not only with an overwhelming majority, but that they would individually take such steps as they could to forward the idea which the resolution put before them, in order to show that the medical profession had the power of united action, and to encourage the British Medical Association to go forward in making itself a united organ for the benefit of the profession, and therefore of the public.

Dr. F. W. FORBES ROSS moved as an amendment:

That the words "by a proportionate number of general practitioners" be added to the original motion.

He said the addition of those words would secure the interests of the general practitioners in London who did not belong to the "hospital clique," as the latter never at any time represented anything else but themselves. In London, "medical representation" in the main meant having matters manœuvred by the hospital consultants purely in their own selfish interests. The chairman and lay committees of the various hospitals and funds, might, if entrusted with sole power, represent the medical interests of the entire profession, perhaps foolishly at times, yet on the whole far more honestly and fairly than had been the case in the past at the hands of the medical committees of hospitals. He had already poured contempt on the cry that the hospital practitioners were doing "charity" because they worked on the hospitals. His words were to be found in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of December 22nd, 1906. No one had ventured to contradict him then or since. They had the present system of leaving the hospitals in the hands of the medical committees to thank for all their troubles; not the least of them was hospital abuse.

Dr. SOUTHCOMBE seconded the amendment, and said he was quite in sympathy with the idea, if not entirely with the utterances, of the amender. He thought the whole value of the original resolution depended on what was meant by the word "adequately."

Dr. FOTHERGILL said if the intention of the amendment was that the whole of the medical profession was to be represented by an adequate representation of general practitioners, he felt sure a good many of them did not wish it. They wanted every branch represented.

Dr. FORBES ROSS said representation in London nearly always meant manœuvring of private interests. He wanted to see a proportionate number of general practitioners who were not on any hospital staff.

Dr. FOTHERGILL said he thought the amendment absolutely unnecessary. Surely the "medical profession" included "general practitioners."

The CHAIRMAN: Perhaps it would be better to have a clear understanding of what the amendment does mean. I presume the intention of the mover is that there shall be a proportionate number of medical practitioners.

Dr. FORBES ROSS: I include everybody.

Dr. BRUCE PORTER suggested that if they introduced the words "general practitioner" it would start a discussion that would last from now to the end of the year to define what a general practitioner was.

Dr. TANNER said first of all he would like to congratulate the Westminster Division, or whoever drew up the resolution, on the fact that at last they had called a spade a spade. They had spoken of hospital charity, and he thought that was a thing that should be kept constantly before the public, that the hospitals of London were a charity, and, further, that they were a professional charity. Surely the profession should have the control of the whole matter, more especially the selection and admission of patients for treatment. If an artist were going to paint a picture, he would not allow an outsider to select the pigments for him, and he suggested if this charity were controlled by the profession, the profession's charity could be painted into a very splendid picture, a picture which could be held up to the world and its criticism invited with no fear as to the result. Hospitals could not be run without money, and certainly they could not be run without skilled hands and educated brains, and those skilled hands and educated brains represented the most important part of the hospital system. Surely if they were going to paint a picture, they ought to be allowed to select their own pigments. The men on the hospital staffs were the men who wielded the brush in painting the picture, and they had their reward in that they gained skill and knowledge which they could use for their own advancement, for the good of the profession at large and the benefit of the world, suffering humanity especially. Let them look the whole world in the face and say that they claimed no return for their gratuitous services, that they should have this reward. The public nowadays made the remark with a cynical smile, "Oh, hospital charity, yes!" When there was a hospital vacancy to be filled he thought a good reply was to say, These men wish to hold these offices in order that they may give of their own skill for the benefit of the world. He believed the Association should still hammer away on this point and induce the profession to show to the world that it was a profession made up almost entirely of gentlemen with charitable ideas, and that the profession was still a working body; they ought to do anything they could to put grit into the profession and give every opportunity to the profession to show its grit. By so doing he believed they would not only be doing something for themselves, but something for the world at large and something for suffering humanity. If the hospital staff would act on the suggestion, he believed that they would be doing a great deal to fill the gap, the void, the "rift in the lute" that existed between the hospital practitioners and private practitioners at large.

Brigade-Surgeon-Lieutenant-Colonel MYERS said it was great pain to him to hear any member of the profession speaking in such opprobrious terms as the mover of the amendment had. He had not thought it possible for any medical man to abuse his colleagues in such a way. He believed all in the room were practically in sympathy with the movement, but considering the importance of the question he was somewhat surprised to see only representatives of the Metropolitan Counties Branch present. He had noticed the same thing at previous meetings—that scarcely any of the leaders of the profession took part in the discussion. When the Charity Commissioners started the question they decided that to have a board representing all the various interests it would require 169 members; and if Dr. Ross wanted all the members of the medical profession added, they would be a body larger than the House of Commons. But they all knew large committees were of no use and could not do the work; the best committees were those of three members, or sometimes even of one. In this case the committee for working would be reduced to a few earnest and possibly interested men and women who would rule the whole of the business, and if they showed, as very likely they would, more enthusiasm than judgement, they might be a source of very great danger to our institutions. Again, it would not be possible for the heads of hospitals to join a board of that kind: it would take too much of their time, and few surgeons and physicians could attend the meetings, therefore they would not be representative. But he believed if the leaders of the profession fully studied the question that they would not support the amalgamation. The power of the central body, if formed, would be the power of the purse, and if they were going to interfere in every little detail of the work of the various hospitals the whole of the interest of the hospitals would be lost. The boards of management consisted of men who were deeply interested in their respective hospitals, men who spent time and money over them, and who knew better than any central board could know the wants of the various institutions. Some little time ago a stranger at a public meeting told him that he had left a large legacy to a hospital, and he said if a central board were formed he should withdraw that legacy. Another gentleman told him that he subscribed largely to four different hospitals, and he very much objected to a central authority, and if it were formed he should only give one subscription to the central board and withdraw the other three. Personally he could not help thinking that if that central body absorbed the legacies and subscriptions there would very likely be a great loss of money, because men who were interested in individual hospitals would withdraw their support. Another point was, if the central hospital board was formed they would be bound to have inspectors. Who would be those inspectors? Were they to be ladies and gentlemen, volunteers? They all knew what volunteer work was with regard to committees; it was very uncertain indeed, and practically it could not be carried out. The central board would have to appoint paid inspectors, and to have men of probity and men who could afford the time to give to it they would have to pay them very heavily, and it would be a very disagreeable duty. King Edward's Hospital Fund had done a great work; it had made the leaders of the profession feel that something had to be done with regard to studying the expenditure of the various hospitals, and he personally believed a great deal had been done at the present time in that way. They ought to study one another, and compare notes and endeavour to reduce the expenditure of the hospitals

generally. The principle that they were being asked to adopt was a very dangerous one, because they were placing in the hands of a few the complete control of all these general hospitals. What would be the end of it? The end would be that they would become State-aided. That was the desire of a great many men in the profession; but so sure as they became State-aided, so sure would the public cease to subscribe, and they would come on to the rates and would be little better than the workhouse infirmaries. He felt very strongly on the subject, and, although he felt he almost stood alone there, he knew that behind him there was a vast body of men who did agree with him, but they did not come forward.

Dr. HASLIP said he thought the Westminster Division might congratulate themselves on the fact that the last speaker commenced his remarks by saying that the resolution had his sympathy. The last time he spoke upon the question it did not really receive that. He had certainly grown much kinder in his remarks, so he (the speaker) hoped in the process of time they would have his entire sympathy and support. If he might say so, he had really killed his own argument. He had finished by recognizing the good King Edward's Fund had done for the administration of hospitals. King Edward's Fund had a central control of the most autocratic character, and it gave money without giving any reason. They really did not know what constituted King Edward's Fund. Recently King Edward's Fund was applying to Parliament for a Bill to become an incorporated society, and the Association asked that the medical profession should be adequately represented on the Board, which request, he believed, was absolutely refused. It was because they wished to prevent the hospitals being State-aided that the medical profession asked for a central control. He felt certain that unless the medical profession recognized the advantage of a central control, the whole thing would be taken out of their hands and a Royal Commission would be appointed, and the end would be State-aided hospitals. He believed with a central control there would be more economy, there would be co-ordination between hospitals instead of costly competition, and valuable sites and hospitals which were not entirely used could be used for the advantage of the poorer middle classes which were not catered for at all. Speaking as one whose patients were of various classes, he maintained that they did not cater for the better-class artizan or for the poorer-class practitioners. There could be a scheme under a central control for increasing the number of paying hospitals where the practitioner could go and see patients. Such hospitals already existed on the Continent and in our own Colonies. Only recently he had a young doctor who was down with appendicitis. He came from Canada and had been travelling for the benefit of his health, and he was absolutely staggered to think he would either have to be a pauper in a hospital or to pay excessive fees in a nursing home and ask the charity of a surgeon to operate upon him. He also believed in a central control because it would be to the advantage of the medical profession. Injustice was done in London to medical students as against provincial students. He believed it was owing to the constant competition of one school against another that there was no combination and no university. For all these reasons he supported the resolution.

Dr. SNAPE said he was fully in sympathy with the resolution, and hoped that at last the idea was going to bear fruit. He thought it was necessary for the meeting to emphasize the desirability of general practitioners being represented. They could not obtain what they all so much desired without the help of others, and they ought to remember the old adage that the person who paid the piper called the tune. They wanted to get hold of the people who paid the money to support the hospitals and convince them. Some people gave money simply for the sake of seeing their names in print; what they desired was an entry into smart society; those people they would never touch. The people they could touch were the great respectable middle classes who paid two or three guineas a year, and who would be very much upset if they were to find out that they were paying for medical attendance for people who were well able to pay for themselves. The great middle class were getting sick of paying all sorts of things for other people. They were sick of elementary education, they were sick of free meals, and paying for them. If they could bring it home to them that they were not getting what they were paying for, and that they were paying for medical advice for those who could well afford to pay for themselves, they would get the general public on their side, and would be able to achieve what they so much desired.

Dr. ROCHE said he was in sympathy with the amendment so far as the principle embodied in it was concerned, though he wished to dissociate himself from the tone of the mover of it, and also from the words of that amendment. He would propose as a further amendment:

> That the last part of the sentence of the original resolution should run as follows: "be constituted upon which all branches of the medical profession are adequately represented."

The CHAIRMAN said he could not take a further amendment until the other was disposed of.

Dr. F. J. MCCANN said he would like to point out that the Committee which drafted the original resolution drafted it in general terms. They felt that at the first meeting it would be obviously inexpedient to introduce too many details into it. The members of the Committee all felt that general practitioners should, and ought to be, represented on the central authority, but all those points would be dealt with by the committee which he hoped would be appointed to draw up a scheme, and then it would be quite possible for them all to pull that scheme to pieces if they were not satisfied with it.

After some further discussion, Dr. FORBES ROSS agreed to withdraw his amendment.

Dr. ROCHE then moved that the last sentence in the original resolution should read as follows:

> Upon which all branches of the medical profession are adequately represented,

and said the terms of the resolution implied that all branches were to be represented, but it was not explicitly stated, and he thought the idea of himself and others was that general practitioners should be represented; and in order that they might be secure he thought it would be well to introduce such words into the resolution as would call attention to the fact that there were branches of the medical profession which ought not to be ignored in the selection of a committee.

Dr. CARTER seconded the amendment, and said that as a matter of fact they all knew that in committees of that sort the consultants, as a rule, were the ones who were elected in preference to the general practitioner. He thought it should be specifically stated that the general practitioner was to be represented, otherwise the general practitioners themselves often elected consultants to represent them, and some of them thought that the consultants did not do that.

Colonel MYERS thought the amendment was a great mistake. It would involve great difficulty in deciding who were the proper representatives of the medical profession. He pitied any board who would endeavour to satisfy everybody. Surely the resolution as it stood was perfectly clear—"adequate representation"; what did they want more than that?

Dr. FORBES ROSS said that "adequate representation" did not express the point. Everybody would admit that for years the British Medical Association, or the Branches, were not adequately represented. That was why they formed the Association, because they were inadequately represented.

Dr. KNOWSLEY SIBLEY accepted the amendment, and the CHAIRMAN then put the resolution as amended, and it was carried with three dissentients.

A vote of thanks to the Chairman terminated the proceedings.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

FLEET SURGEON A. PATTERSON has been placed on the retired list, with the rank of Deputy Inspector-General, June 14th. His commissions are thus dated: Surgeon, March 31st, 1875; Staff Surgeon, March 31st, 1886; Fleet Surgeon, October 26th, 1891.

The following appointments have been made at the Admiralty: JOHN W. CRAIG, M.B., to the *Sentinel*, on recommissioning, June 12th; HENRY W. HULL, Surgeon, to the *Pathfinder*, on recommissioning, June 18th.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL J. T. CAREY, M.B., retired pay, has been appointed Medical Officer in the Manchester recruiting area.

ARMY MEDICAL STAFF.

SURGEON-GENERAL SIR W. D. WILSON, M.B., K.C.M.G. (retired), has been granted a reward for distinguished service. He was appointed Assistant Surgeon, October 1st, 1867; Surgeon, March 1st, 1873; Surgeon-Major, October 1st, 1879; granted the rank of Lieutenant-Colonel, May 21st, 1884; made Brigade-Surgeon-Lieutenant-Colonel, October 28th, 1889; Surgeon-Colonel, July 18th, 1894; and Surgeon-General, October 3rd, 1898. His war record includes: The Afghan war, 1878-80 (medal); the Egyptian expedition, 1882-4 (medal and Khedive's star); the Soudan expedition, 1884, including the battles of El Teb and Tamai (mentioned in dispatches, promoted to be Surgeon-Major ranking as Lieutenant-Colonel, two clasps); and the South African war in 1899-1902, as Principal Medical Officer in South Africa, including the advance on Kimberley, and numerous operations in the Orange Free State, the Transvaal, and Cape Colony (several times mentioned in dispatches, appointed K.C.M.G., and granted the King's medal with two clasps). Although not so stated in the Army Lists, Sir William should evidently be credited with the Queen's medal with clasps.

ARMY MEDICAL RESERVE OF OFFICERS.

SURGEON-MAJOR J. DRUMMOND, M.D., having been appointed to the command of the 3rd Durham Royal Garrison Artillery (Volunteers), ceases to belong to the Army Medical Reserve of Officers.

ROYAL ARMY MEDICAL CORPS (MILITIA).

CAPTAIN (Honorary Captain in the Army) H. E. MORTIS to be Major, April 24th.

Captain (Honorary Lieutenant in the Army) H. FOX, M.B., resigns his commission, April 9th.

CHANNEL ISLANDS MILITIA.

HENRY J. SHONE to be Surgeon-Lieutenant in the Medical Company of the Royal Militia of the Island of Jersey, May 25th.

VOLUNTEER RIFLES.

SURGEON-LIEUTENANT D. O. KERR, M.B., 1st Surrey (South London) Volunteer Rifle Corps, to be Surgeon-Captain, May 1st.

Surgeon-Lieutenant W. H. HARLAND, 5th (Isle of Wight, Princess Beatrice's) Volunteer Battalion the Hampshire Regiment, to be Surgeon-Captain, May 15th.

Supernumerary Lieutenant W. J. WOODMAN, 4th Volunteer Battalion the Queen's Own (Royal West Kent Regiment), to be Surgeon-Captain, remaining supernumerary, May 2nd.

Surgeon-Lieutenant-Colonel W. H. PACKER, M.D., 1st Volunteer Battalion the King's (Shropshire Light Infantry), is granted the honorary rank of Surgeon-Colonel, April 30th.

Surgeon-Lieutenant J. W. MACMULLAN, 1st Herefordshire Volunteer Rifle Corps, to be Surgeon-Captain, November 1st, 1906.

FREDERICK K. SMITH to be Surgeon-Lieutenant in the 1st Volunteer Battalion the Gordon Highlanders, May 1st.

Surgeon-Lieutenant W. F. M'ALLISTER-HEWLINGS, 1st Volunteer Battalion the Leicestershire Regiment, resigns his commission, May 9th.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

LEWIS D. CRUIKSHANK, M.B., to be Lieutenant in the Aberdeen Companies, Scottish Command, May 7th.

Lieutenant-Colonel and Honorary Colonel F. L. STEPHENSON, M.B., Woolwich Companies, Eastern Command, is retired, on completion of his period of service in command, retaining his rank and uniform, April 16th.

Major and Honorary Lieutenant-Colonel C. H. HARTT, Woolwich Companies, Eastern Command, to be Lieutenant-Colonel and to command under the conditions of Para. 47, Volunteer Regulations, April 16th.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

AYR DISTRICT ASYLUM.—Junior Assistant Physician. Salary, £120 per annum.

BOLTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon. Salary, £100 per annum.

BURNLEY: VICTORIA HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

CAIRO: DEPARTMENT OF PUBLIC HEALTH.—Sub-Inspector of Ophthalmic Hospitals. Salary, £500 per annum.

CALCUTTA: LADY DUFFERIN VICTORIA HOSPITAL.—Lady Doctor. Salary, Rs. 550 per month.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £50 per annum.

CANCER HOSPITAL, Fulham Road, S.W.—Medical Officer in Charge of Electrical Department. Honorarium, £26 5s.

DERBYSHIRE ROYAL INFIRMARY.—Assistant House-Surgeon. Salary at the rate of £60 per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Second Medical Officer for Casualty Department. Salary at the rate of £40 per annum.

ENNISKILLEN: FERMANAGH COUNTY HOSPITAL.—House-Surgeon. Salary, £52 per annum.

GLASGOW SAMARITAN HOSPITAL FOR WOMEN.—House-Surgeon.

GREAT NORTHERN CENTRAL HOSPITAL.—Honorary Medical Officer in Charge of Electrical Department.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—(1) House-Surgeon. (2) Assistant House-Surgeon. Salary, £100 and £50 per annum respectively.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Honorarium, £25 each for six months.

HULL ROYAL INFIRMARY.—Casualty House-Surgeon. Salary, £50.

LAMBETH PARISH.—District Medical Officer. Salary, £50 per annum.

LIVERPOOL STANLEY HOSPITAL.—Assistant Honorary Ophthalmic Surgeon.

LONDON COUNTY ASYLUM, Claybury.—Junior Assistant Medical Officer. Salary, £150 per annum.

LONDON COUNTY COUNCIL.—Two Local Assistant Medical Officers (Education) in Public Health Department.

LONDON FEVER HOSPITAL, Liverpool Road, N.—Assistant Resident Medical Officer. Salary, £120 per annum.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon. Salary, £60 per annum.

MAIDSTONE: WEST KENT GENERAL HOSPITAL.—Assistant House-Surgeon. Salary, £60 per annum, and £5 for washing.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Junior Resident Medical Officer. Salary, £80 per annum.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Male Assistant House-Surgeon. Honorarium, £20 for six months.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Resident Medical Officer for Out-patient Department. Salary at the rate of £60 per annum.

ST. MARY'S HOSPITAL, Paddington.—Curator of Museum and Assistant Pathologist. Salary, £100 per annum.

SALISBURY INFIRMARY.—Assistant House-Surgeon. Salary, £50 per annum.

SCARBOROUGH HOSPITAL AND DISPENSARY.—Junior House-Surgeon. Salary, £80 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Senior House Surgeon (male). Salary, £100 per annum.

STOCKPORT INFIRMARY.—Assistant House and Visiting Surgeon. Salary, £80 per annum.

STOCKPORT UNION.—Resident Assistant Medical Officer for the Hospital, Stepping Hill. Salary, £130, rising to £150, per annum.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.—Surgeon to Out-patients.

WARWICK COUNTY ASYLUM.—Assistant Medical Officer. Salary, £135, rising to to £155, per annum.

WEST BROMWICH DISTRICT HOSPITAL.—(1) Senior House-Surgeon; (2) Assistant House-Surgeon. Salary, £110 and £75 per annum respectively.

WORCESTER GENERAL INFIRMARY.—House-Physician. Salary, £80 per annum.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces vacancies at Blackpool, co. Lancaster; Knaresborough, co. York.

APPOINTMENTS.

BIGG, E., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Bingham Union.

CHEATLE, G. Lenthal, C.B., F.R.C.S., Surgeon to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

CHILES-EVANS, D. B., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer of the Swansea Union Workhouse.

CUNNING, Joseph, M.B., B.S.Melb., F.R.C.S.Eng., Surgeon to In-patients, Victoria Hospital for Children.

DAVID, J., M.B., District Medical Officer of the Neath Union.

DEVEREUX, N., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Tewkesbury Union.

ELRINGTON, —, M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Braintree Union.

RICHARDS, John, M.B., F.R.C.S.Edin., Medical Superintendent of the Joint Counties Asylum, Carmarthen.

RICHARDS, Morgan, M.B., B.S.Durh., Clinical Assistant to the Chelsea Hospital for Women.

SMITH, Wm., L.R.C.P., L.R.C.S.E., L.F.P.S.G., Medical Officer and Public Vaccinator of the Barton District of the Luton Union.

SMYTH, P. J., L.R.C.P.Edin., L.R.C.S.Irel., Certifying Factory Surgeon for the Duleek District, co. Meath.

WILLCOX, W. H., M.D.Lond., M.R.C.P.Lond., Physician to Out-patients, St. Mary's Hospital, W.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting advertisements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

PATTEN.—On June 22nd, at 9, Summerfield, Broomhill, Sheffield, the wife of Professor C. J. Patten, M.D., Sc.D., of a daughter.

MARRIAGE.

ROBERTSON—FRAME.—On June 26th, at the Tontine Hotel, Greenock, by the Rev. Thomas Angus Fraser, M.A., and Rev. John Young, of Trinity United Free Church, Greenock, Keith Robertson, M.D., third son of John Keith Robertson, M.D., Greenock, to Susan, only child of James Frame, Solicitor, Greenock.

DEATH.

ODELL.—On June 22nd, at Queen's Road, Hertford, Georgie, wife of Robert Odell, aged 30 years.

DIARY FOR THE WEEK.

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.0 p.m.—Short communication: Dr. F. E. Taylor: Typhoid Infection of Ovarian Cysts. Specimens: Dr. Eden: Case of Vesicular Degeneration of the Placenta. Miss Aldrich-Blake: (1) Skeleton of an Extrauterine Fœtus from a woman in whom there was no history suggestive of such a gestation; (2) Carcinoma of Cervix in a uterus one horn of which was undeveloped.

(3) Specimen and Section of a Uterus in which Fibrosis round vessels is very marked. Dr. Lewers: Two Specimens of Fibroid associated with bleeding after the menopause. Other specimens will be shown by Mrs. Boyd, M.D., Dr. Longridge and Dr. R. D. Maxwell, and Mr. Targett.

POST-GRADUATE COURSES AND LECTURES.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Tuesday and Friday, 3.45 p.m.: Middle Ear and Labyrinth.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Thursday: Bilious Attacks in Children.

LONDON SCHOOL OF CLINICAL MEDICINE.—Clinics: **Monday, Medicine, 2.15 p.m.; Surgery, 3.15 p.m.; Ear and Throat, 4 p.m. Tuesday, Medicine, 2.15 p.m.; Surgery, 3.15 p.m.; Skin, 4 p.m. Wednesday, Medicine, 2.15 p.m.; Ophthalmology, 3.30 p.m. Thursday, Medicine, 2.30 p.m.; Surgery, 3.15 p.m.; Radiography, 4 p.m. Friday, Medicine, 2.15 p.m.; Surgery, 3.15 p.m. Operations each day at 2.30 p.m. Out-patient Demonstrations: Surgical, daily, 10 a.m.; Medical, daily, 10 a.m. Ear and Throat, Mondays and Thursdays, 12 noon. Eye, Wednesdays and Saturdays, 11 a.m. Skin, Tuesdays and Fridays, 12 noon. Special Lecture:** Tuesday, 4.0 p.m., Treatment of Chronic Eczema.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, 22, Chenies Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m. each day:—Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Lectures at 5.15 p.m. each day will be given as follows: Monday, Some Surgical Considerations; Tuesday, Deformities of the Foot associated with Adduction; Wednesday, Some Points concerning Albuminuria, Phosphaturia, and Oxaluria; Thursday, Deformities of the Foot associated with Adduction.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday, 3.30 p.m.: Treatment of Epilepsy. Friday, 3.30 p.m.: Treatment of Torticollis.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—**The following are the clinics and demonstrations for next week:—Monday 10 a.m.: Surgical; 2.30 p.m.: Medical, Throat, Nose and Ear, *X* Rays. Tuesday, 10.30 a.m.: Medical: 2.30 p.m.: Operations—Surgical and Gynaecological; 4.30 p.m.:** Special Demonstration on Clinical Pathology, **Wednesday, 2.30 p.m.: Medical, Skin, Eye. Thursday, 2.30 p.m.: Gynaecological Operations—Medical, Surgical; *X* Rays; 3 p.m., Medical (In-patient). Friday, 9.30 a.m., Surgical: 2.30 p.m., Operations—Medical, Eye; 3 p.m., Medical (In-patient).**

POST-GRADUATE COLLEGE, West London Hospital, Hammersmith Road, W.—The following arrangements have been made for next week:—Daily, 2 p.m., Medical and Surgical Clinics and *X* Rays; 2.30 p.m.: Operations. Monday and Thursday, 2 p.m.: Diseases of the Eye. Tuesday and Friday, 10 a.m.: Gynaecological Operations. 2 p.m.: Diseases of Throat, Nose, and Ear. 2.30 p.m.: Diseases of Skin. Wednesday, 10 a.m.: Diseases of Children. Wednesday and Saturday: Diseases of Throat, Nose, and Ear; and Saturday, 2 p.m.: Diseases of Eye. Lectures—Monday, 12 noon: Pathological Demonstration. Monday, 5 p.m.: Clinical. Wednesday: Practical Medicine. Thursday: Practical Surgery. Friday: Cases of Skin Disease. Tuesday, at 3 p.m. (at the London County Asylum, Claybury, Essex): Types of Insanity.

BOOKS, ETC., RECEIVED.

American Medical Directory. Vol. I. Chicago: American Medical Association Press; London: W. B. Saunders Co. 1906. 35s.

Chirurgische Operationslehre. Von Dr. Th. Kocher. Fünfte Auflage. Jena: G. Fischer. 1907. M. 20.

Population and Progress. By M. Crackanthorpe, K.C. London: Chapman and Hall, Ltd. 1907. 2s. 6d.

CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.
JUNE.	
29 SATURDAY...	ULSTER BRANCH, Annual Meeting, Medical Institute, Belfast, 11.30 a.m.
30 Sunday ...	
JULY.	
1 MONDAY ...	
2 TUESDAY ...	
3 WEDNESDAY	CENTRAL COUNCIL, Board Room of the Metropolitan Asylums Board, Victoria Embankment, 2 p.m. DORSET AND WEST HANTS BRANCH, Summer Meeting, Ringwood. HAMPSTEAD DIVISION, *Metropolitan Counties Branch*, Special Meeting, Lecture Room, Hampstead Conservatoire, Swiss Cottage, N.W., 4.30 p.m. NORTH OF ENGLAND BRANCH, Annual Meeting, Town Hall, Gateshead-on-Tyne, 2.30 p.m. SOUTH-EASTERN OF IRELAND BRANCH, Club House, Carlow, 5.30 p.m.
4 THURSDAY...	
5 FRIDAY ...	
6 SATURDAY ...	
7 Sunday ...	
8 MONDAY ...	
9 TUESDAY ...	LONDON: Organization Committee, 11 a.m.
10 WEDNESDAY	
11 THURSDAY...	
12 FRIDAY ...	LONDON: Central Ethical Committee, 1.45 p.m.
13 SATURDAY...	
14 Sunday ...	
15 MONDAY ...	LONDON: Central Ethical Emergency Subcommittee, 2 p.m.
16 TUESDAY ...	NORTH WALES BRANCH, Annual Meeting, Machynlleth.
JULY *(Continued).*	
17 WEDNESDAY	
18 THURSDAY...	
19 FRIDAY ...	
20 SATURDAY...	
21 Sunday ...	
22 MONDAY ...	
23 TUESDAY ...	
24 WEDNESDAY	
25 THURSDAY...	
26 FRIDAY ...	
27 SATURDAY...	ANNUAL GENERAL MEETING, Royal Public Rooms, Exeter, 10 a.m. ANNUAL REPRESENTATIVE MEETING, immediately after the Annual General Meeting.
28 Sunday ...	
29 MONDAY ...	ANNUAL REPRESENTATIVE MEETING, Royal Public Rooms, Exeter, 10 a.m.
30 TUESDAY ...	ANNUAL REPRESENTATIVE MEETING, 10 a.m. (*if required*).
31 WEDNESDAY	ANNUAL REPRESENTATIVE MEETING, 9.30 a.m. (*if required*).
AUGUST.	
1 THURSDAY...	
2 FRIDAY ...	
3 SATURDAY...	
4 Sunday ...	
5 MONDAY ...	
6 TUESDAY ...	
7 WEDNESDAY	
8 THURSDAY...	
9 FRIDAY ...	

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